DEPT.-65

JOB-31

REEL-19

CITY OF BALTIMORE

HEALTH DEPT.

BUREAU OF VITAL STATISTICS

DEATHS

EP 23407

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

DECLARATION OF INTENT

THE CITY RECORDS MANAGEMENT OFFICER HEREBY DECLARES THAT THE RECORDS MICROFILMED HEREIN, ARE ACTUAL RECORDS OF THE DEPARTMENT OF Health BUREAU OF Vital Statistics CREATED DURING THE NORMAL COURSE OF BUSINESS AND THAT THE MICROFILM WILL BE INSPECTED TO ASSURE COMPLETENESS OF COVERAGE, AND THAT:

THE MICROFILMING OF THE RECORDS IS ACCOMPLISHED AS PROVIDED FOR IN REQUEST FOR RETENTION PERIOD, AUTHORIZATION NO. 345 AS APPROVED BY THE RECORDS COMMITTEE IN ACCORDANCE WITH ORDINANCE NO. 1096 APPROVED BY THE MAYOR ON JUNE 4, 1954.

KP 23087

FORM RM-1 (11-58) RETAIN—PERM.

REQUEST FOR RETENTION PERIOD

To: Records Management Officer,
Room 408, City Hall, Baltimore, 2, Md.

Authorization No. 345

Department: Health

Bureau: Vital Statistics

Record Identification

1. TITLE:	2. Form No. if available	3. Type—(cards, paper, etc.)
Certificate of Death		Bound Book

4. Dates	5. Volume accumulated yearly	6. Size of Record	7. Number of copies made
		Misc.	One (1)

8. Authorization Requested (check only one (1) of the squares below)

A. ☐ Establish retention period for records which are accumulating daily.

B. ☐ Dispose of present accumulation, no additional accumulation anticipated.

C. ☐ Microfilm and destroy originals.

D. ☒ Microfilm and retain originals for length of time indicated below.

9. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	10. Equipment and space freed	11. In your opinion does this record have any historical significance?
12 yrs.	Micro. Perm.	12 yrs. and Micro. Perm.		YES ☐ NO ☒

12. DESCRIPTION OF RECORD: (describe accurately and show recommended retention period.)

These are vital records known as Certificates of Death, required by statute to be registered with the Baltimore City Health Department within several days after the occurrence.

RETENTION PERIOD REQUESTED: Microfilm all Certificates in duplicate retaining the film permanently and store the duplicate rolls of film for security purposes.

Retain original death certificates Twelve (12) years after date of registration, and then destroy after microfilming.

Department or Bureau Approval Robert E. Farber, M.D. Title: Commissioner of Health 3/18/63 Date

Recommendation of Records Management Officer

13. Recommended Retention Period a. In Dept.	b. In Storage Center	c. Total	14. Disposal Method
12 yrs.	Microfilm Permanent	12 yrs. and Microfilm Permanent	A ☐ To be sold as scrap or waste paper; B ☒ To be Burned or shredded; C ☐ Historical, (to be transferred to Dept. of Legislative Reference.)

REMARKS: 2 negative Rolls & 1 positive for hospital

C. P. Force Records Management Officer 3/20/63 Date

APPROVALS OF RECORDS DISPOSAL COMMITTEE

KINDLY RETURN TO: RECORDS MANAGEMENT OFFICER
ROOM 408, CITY HALL, BALTIMORE 2, MD.

1. APPROVED: CITY AUDITOR

2. APPROVED: CITY SOLICITOR

3. APPROVED: CITY COMPTROLLER

4. APPROVED: CITY TREASURER John E. [illegible]

5. APPROVED: DIRECTOR, DEPT OF PUBLIC WORKS Bernard Sachs

6. APPROVED: DIRECTOR OF THE MUNICIPAL MUSEUM W. T. Hunter

7. APPROVED: DIRECTOR, DEPT OF LEGISLATIVE REFERENCE Carl N. Hunter

FILED ON FILM

IN

NUMERICAL ORDE

NOTICE

The succeeding documents were received in the same condition and microfilmed as shown.

Every effort was made to assure legibility and completeness.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80837 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1884 Hussenetter

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hussenetter

Sex, Male or Female, {Cross out the word not required in this line.} Male ~~or Female~~

Age, 21 ~~22~~ *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 845. Charles St

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jany 15th 84.

Undertaker, F. H. Thole

Place of Business, Hanover St

Wm Lembert M. D.
Medical Attendant.

Address, 705 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80838 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Clark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Abt 65 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 months

Place of Death, {Give Street and Number.} # 225 Light St

Cause of Death, First (Primary), Gen'l debility

Second (Immediate), Phthisis

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Jan 13 - 85

Undertaker, C T Kraus & Son

Place of Business, 209 Hanover

Dr A Bell M. D.

~~Medical Attendant~~ Coroner's Phy'n

Address, 611 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80839 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 13 1885
BALTIMORE, MD.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Loan Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 3 Fairmount Ave

Cause of Death, First (Primary), Softening Paralysis of the Heart.

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 14th 1885

Undertaker, Lunny & Mitchell

Place of Business, 65 Broadway

Emmet E Onville M. D.
Medical Attendant.

Address, 916 Fifth St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80840 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1885 BALTIMORE MD.

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jean Hammer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* 24 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N 248 S Eutaw St

Cause of Death, First (Primary). Cerebral Effusion

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London park Cemetery

Date of Burial, Jan 13th 1885

Undertaker, Ernst Lehlanan

Place of Business, 181 Sharp st *Address,* 169 N Charles St

Henry Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8084 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 13 1885

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Lowney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 6 *Months,* *Days*

Color, White

~~Married,~~ Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. A. Co. Md.

Duration of Residence in the City of Baltimore, Two Months

Place of Death, {Give Street and Number.} 170 S. Fremont st

Cause of Death, First (Primary), Sudden death

Second (Immediate), Probably heart desease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Jan 13/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address.* 47 Edmondson ave

Jas E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ... Certificate.

Health Department, City of Baltimore.

Permit No. 80842 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 13 1885

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Phipps

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* ... *Months.* ... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 16 Windsor Street

Cause of Death, First (Primary), Natural

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Church Anne Arundle County

Date of Burial, Jan 14th 1885

Undertaker, Daniel Yelyun

Place of Business, 107 West St

Zik. Wiley M. D
Medical Attendant.

Address, 895 West Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Certificate

Board of Health, City of Baltimore.

Permit No. 80843 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death. Jan 12th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alex. H. Knull

~~*Sex*~~, *Male or* ~~*Female*~~. {Cross out the word not required in this line.}

Age, 23 *Years,* 3 *Months,* 7 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 243 N Biddle St.

Cause of Death — First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage from Lungs

Duration of Last Sickness Two months.

All the above information should be furnished by the Physician.

Place of Burial. Sweet Home Cemetery

Date of Burial. Tuesday 14 1885

Undertaker Andrew Knull

Place of Business, 206 Columbia St.

D. K. Bunick M. D.
Medical Attendant.

Address, 209 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8084

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne T. Anderson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 12 *Years,* ——— *Months,* ——— *Days.*

Color, Wh

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 183 N. Calvert St

Cause of Death, First (Primary,) Inberculosis — (Antero-posterior Spinal curvature - Lumbar Abscess - with Necrosis)

Second (Immediate,) Odema of Lungs Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 12th 1885

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts.

W. F. Lockwood M. D.
Medical Attendant.

Address Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

...Physicians is respectfully invited to the remarks below, and to List of Diseases on ... Certificate.

Health Department, City of Baltimore.

Permit No. 80845 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Hofman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 19 *Years,* — *Months.* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 23 Somerset St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Uremia

Duration of Last Sickness, Four (4) months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Jan 14 1883

Undertaker, Henry Koch

Place of Business, 302 N Eutaw St *Address,* 1 E Fayette Street

Woodward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80846 *Office of Registrar of Vital Statistics.* Ward 10'1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 13 1885

CERTIFICATE OF DEATH.

Full name of deceased

~~*Date of Death*~~, William Bekedorf.

Date of Death ~~*Full Name of Deceased*~~, {Write legibly and spell correctly. If an Infant not named, give names of parents.} January 13th 1885

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years*, 8 *Months*. 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon-keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 185 Lexington St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemt

Date of Burial, Jany 14th 1885

Undertaker, J. C. Blanchard

Place of Business, 298 Penna Ave *Address*, 46 S. Ann St.

A. V. Gosnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8087 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 13 1885

CERTIFICATE OF DEATH.

Date of Death, Jan 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Hammet

Sex, Male or Female, {Cross out the word not required in this line.} Female Kimmet

Age, 11 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 107 E Eastern Ave, East

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), ...

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, Jan 13th 85

Undertaker, J. G. France

Place of Business, 9 Bank & Wolfe St *Address,* 214 Broadway

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80848 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 11th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Connelly

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Nun

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} No 9 Fountain St

Cause of Death, First (Primary), ...

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan 16th 85

Undertaker, G. France

Place of Business, Bamr & Wolfe *Address,* 24 Lexington

P. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ... this Certificate.

Health Department, City of Baltimore.

Permit No. 80849 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma V Tuder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... 1 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Fritz Ct in rear Gay st near Washington st

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Hebrew

Date of Burial, Jan 13th 1885

Undertaker, A Fink

Place of Business, ...

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comptroller

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry McMcKeown Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible] Certificate.

Health Department, City of Baltimore.

Permit No. 80850 *Office of Registrar of Vital Statistics.* Ward 5 11/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Sturgeon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 Years, 7 Months, Days

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Adams Co., Pa.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 377 N. Gay St.

Cause of Death, First (Primary), Hemiplegia

Second (Immediate),

Duration of Last Sickness, Seven Years.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cemetery

Date of Burial, Jan 14th 1885

Undertaker, Wm. H. Kickman

Place of Business, 234 N. Gay St. *Address,* 267 N. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80851 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 11 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Ringgold

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months.* — *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 9 Camden Alley 1st Tenant E by Hanover St.

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Chas St Cemetery

Date of Burial, Jan 13/85

Undertaker, H. H. Duryea

Place of Business, —

James A Steuart M. D.

~~Medical Attendant.~~ Coroner

Address, Cor Fayette & C

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo E Brown Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 80852 *Office of Registrar of Vital Statistics.* Ward ~~11~~ 6a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bridget Gleeson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 65 (71) *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 113 E. Eager

Cause of Death, First (Primary). Pneumonia Debilitas

Second (Immediate). Phthisis

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Jany 13 85

Undertaker H. C. Wiedefeld

Place of Business, 90 Gilmor St *Address,* 25½ Gilmor

J. A. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80853 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Mettee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Police

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Holland

Cause of Death, First (Primary), Rheumatism - Inflammatory -

Second (Immediate), Endocarditis

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 14th 1885

Undertaker, Chas F Esau & Co

Place of Business, 1411 Eager [illegible]

Geo. B. Reynolds, M. D.
Medical Attendant.

Address, 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80854 *Office of Registrar of Vital Statistics.* Ward 10 4/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 12th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bentz

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Nineteen *Months,* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 51. N. Eutaw St.

Cause of Death, First (Primary), Supposed Post Pharyngeal Abscess.

Second (Immediate), Unknown. Supposed Suffocation.

Duration of Last Sickness, Four or five days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 14th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St.

W. C. van Bibber M.D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Physicians are respectfully invited to the remarks below, and to Table of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80855 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

74

Date of Death, Jan 8 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hugh McDonald

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} Mercy Hosp

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, West Lawn Cem'y

Date of Burial, Jan 12 1885

Undertaker, P A Kershner

Place of Business, 129 Arlington Ave

J R Trimble M. D.
Medical Attendant.

Address, Mercy Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80856 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah J. King

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give street and Number.} 15 Carlton Street

Cause of Death, First (Primary), ...

Second (Immediate), Rachitis

Linea Birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 13th 1885

Undertaker Wm M Lemmon

Place of Business, 1062 East St

B. S. Titcomb, M. D.
Medical Attendant.

Address, 616 W Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8085 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Nov. 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winfield S. McCool

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 7 *Years,* 1 *Months,* 3 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 198 Lexington St.

Cause of Death,
First (Primary), Pneumonia
Second (Immediate), Pneumonitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, 14 Jany 1885

Undertaker, J. Cook

Place of Business, Bartz & Schroeder *Address,* Fayette near

F. G. Shuhrine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80858 *Office of Registrar of Vital Statistics.* Ward 43

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 14 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 11" 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Scally

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1341 E Fayette St.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 14" 85

Undertaker, M. A. Kaiser

Place of Business, Broadway

James A Steuart M. D.

[redacted]

Address, Camp 76. I & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas V. Kelly Patrick, Sanitary Inspector. [OVER.]

...ysician, furnish to the Registrar below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80859 *Office of Registrar of Vital Statistics.* Ward 7 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper ~~Certificate~~.

HEALTH DEPT. JAN 14 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 11th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha A. Clark

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about thirty five years

Place of Death, {Give Street and Number.} No. 264 N Bond Street

Cause of Death, First (Primary), general breakth

Second (Immediate), cardiac dilatation

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 14th 1895

Undertaker, Fred Jacob

Place of Business, 293 Broadway

Milton A Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80860 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B Bauer

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* 4 *Months,* 13 *Days,*

Color, Wh

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Painter & Stain Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City — Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 124 E. Pratt St.

Cause of Death, First (Primary), Entero Fever

Second (Immediate), Coma

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 14th 1885

Undertaker Fred Gaede

Place of Business, 27 S. Caroline *Address,* 54 Lombard

E. H. Mutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80861 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1887

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Bauer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 66 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 57 N. Fredericks

Cause of Death, First (Primary), Mitral Insufficiency & Stenosis

Second (Immediate), Dropsy

Duration of Last Sickness, Four Days Deficient

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Jany 16th

Undertaker, C. H. Rau

Place of Business, 62 1/2 W. Balt St

Geo Kline M. D.
Medical Attendant.

Address, 57 N. Fredericks

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*. That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80862 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Squirrell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, Col.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laundress

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 76 Yrs.

Place of Death, {Give street and Number.} No. 26 State Street

Cause of Death, First (Primary),

Second (Immediate). Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Jan 14-1885

Undertaker Wm J Gray.

Place of Business 65 Mulberry St. *Address,* 616 N. Balto. Street.

B. S. Titcomb, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible]and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80863 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 7 1885

CERTIFICATE OF DEATH.

Date of Death, January 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Louis Nikkard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Colored

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 356 N Durham St

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) Blood Poisoning 5 days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 14th

Undertaker, Henry Hess

Place of Business, Central Ave Address, 195 Aisquith St

James E Whitford M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8086 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kecker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 4 *Months,* *Days*

Color, Wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 138 Division St

Cause of Death, First (Primary), Consumption of lungs

Second (Immediate),

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 15/85

Undertaker, Chas. J. Scriven

Place of Business, 271 N. Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80865 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Davis

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City Md.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 115 Conway St

Cause of Death, First (Primary), Senile debility & Pneumonia

Second (Immediate), Congestion of the lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jany 14th 1885

Undertaker, John S. Meacher

Place of Business, No 150 Camden

Last Bell M. D.

Medical Attendant.

Coroner's Dis

Address, 150 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80866

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peterson

Peterson

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Suffered to be a Shoemaker

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Not known

Place of Death, {Give street and number} In the water foot of Chester Street

Cause of Death, First, (Primary.) Accidentally Drowned

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 14th 1885 E. Hall Ruth M. D.

Medical Attendant.

Undertaker, Geo. Rinehart

Place of Business, Forrest Place *Address,* 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Board of Health, City of Baltimore.

Permit No. 80867 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1885

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Arthur

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 73 *Years,* 4 *Months,* 2 *Days,*

Color, White

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, { Give street and Number. } 30 E. Cary St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Exhaustion,

Duration of Last Sickness, Five Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 16th 1884

Undertaker Jos S Gork

Place of Business, No 707 W Baltimore St.

John L Kloze M. D.
Medical Attendant.

Address 273 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80868 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 1885

CERTIFICATE OF DEATH.

Date of Death, Wednesday Jan 14. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Deal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 56 N. Wolf St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), One week Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 15th 1885

Undertaker, John Lake

Place of Business, 166 W Balto St

Wilmer Denton, M. D.
Medical Attendant.

Address, Chas St & Penn Ave Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8869 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 14 1885

CERTIFICATE OF DEATH.

Date of Death, January 13th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 2 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} No 45. N. Eden st

Cause of Death, First (Primary), Valvular disease of the Heart

Second (Immediate), Dropsy

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 15/85

Undertaker, Wm S Fry

Place of Business, 711 Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80870 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Wise

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 75½ Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 14th 84

Undertaker, Wm M Dunger

Place of Business,

James A Steuart M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W C Roberts Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 80871 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bowley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Twenty three Months, Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 148 York St

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, 14 January

Undertaker, Peet & Sons

Place of Business, 121 W. Lombard St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80872 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie Mann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days,*

Color, white

~~Married~~, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 53 Fair mount Ave.

Cause of Death, First (Primary),

Second (Immediate). Hydropericardium

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 14/885

Undertaker Cumming Bro

Place of Business, 263 Light

Geo. A Bemiger M. D.
Medical Attendant.

Address, Broadway & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 80873 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 14 1885

B

CERTIFICATE OF DEATH.

Date of Death, January 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hubbard

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 7 *Months,* 22 *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 105 Fremont Ave

Cause of Death, First (Primary), Cardiac Paralysis (?)

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan. 15. 1885

J. H. Robinson M. D.
Medical Attendant.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 75 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8087 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours*, after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years.* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} No 101 S Spring St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Poole Cemetery

Date of Burial, Jan 14th 1885

G. W. J. Englar M. D.
Medical Attendant.

Undertaker Geo. Rinehart

Place of Business, Forest Place *Address,* 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80875 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margareta Kraus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and Number.} 379 E. Fayette St.

Cause of Death, First (Primary), Entero Colitis

Second (Immediate),

Duration of Last Sickness, 4 weeks

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus, Cem.

Date of Burial, Jan 16th 85

Undertaker C. Franz

Place of Business, Franz & Wolfe & Sto Address, 344 E. Balto St.

J. Heelleuberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80876 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday Jan 13th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Gracey Foxwell

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, ——— *Years,* 4 *Months.* 13 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation Non

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimor city

Duration of Residence in the City of Baltimore, during life

Place of Death, { Give street and Number. } No 8 O Donnell St

Cause of Death, First (Primary), Laryngitis

Second (Immediate), Spasam

Duration of Last Sickness, ~~Two~~ Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, January 15th 1885

Undertaker G. Francis

Place of Business. Hank & Wolfe's *Address,* 28 O Donnell St

J. E. Pinchard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80877 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th Jan. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Hanly

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 216 ~~Bt~~ Bank St. City

Duration of Residence in the City of Baltimore, Ofs Time

Place of Death, {Give Street and Number.} 216 Bank St.

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 15th 85

Undertaker, G. Francy

Place of Business, Banks & Wolf *Address,* 703 E. Baltimore St.

E. L. Burns M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...remarks below, and to List of Diseases on back of this Certi...

8

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80878

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE, MD. JAN 17 1885

Aln.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Frazier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days.*

Color, white *Sex,*

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Green mount Ave

Cause of Death, First (Primary,)

Second (Immediate,) Consumption

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral C[illegible] Mahon M. D.

Medical Attendant.

Date of Burial, Jan 15 1885

Undertaker, H. C. Wisefield *Address* Eutaw St

Place of Business, 90 Greenmount ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it sh... of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his ... within forty-eight hours after the death, to the Undertaker or other person or persons superintending the b... setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or si... ...ased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 80879 *Office of Registrar of Vital Statistics.* Ward 6?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four houre* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 13 th Jan 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Jno~~ William Kennard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months.* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 62 N. Chapel St.

Cause of Death, First (Primary), Convulsions (Cons Know Cause I did not see the Child

Second (Immediate),

Duration of Last Sickness, About an hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, January 14th 1885

Undertaker, Theo F. Locks

Place of Business, 73 Jefferson St

E. L. Lewis M. D.
Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

AFETY ▲ FILM ■ ▲

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80880

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 14 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Jan 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Abraham Rice

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Chester Co. Penna

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give street and number.} Division St. corner of Wilson

Cause of Death, First (Primary,) Senile Paresis

Second (Immediate,) Debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery C. F. Brown M. D.

Date of Burial, January 15/85 Medical Attendant.

Undertaker, Wm Weaver

Place of Business, 252 N. Eutaw St. *Address* 241 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK S

Board of Health, City of Baltimore,

Permit No. 80881

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 14 January 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bertha Gertie Reinhardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ——— *Years,* 20 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None -

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md. 94 Park St)

Duration of Residence in the City of Baltimore, 20 mos

Place of Death, { Give street and number. } 94 Park St

Cause of Death, First, (Primary.) Nutrition

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan 15th 1885

Undertaker, Kew Fenstermacher & Sons

Place of Business, Park & Saratoga

Archer A Thurston M.D.,
Medical Attendant.

Address, 119 N. Charles St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 80882 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} May Rex

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elk Ridge Landing Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 46 Argyll Ave Balto.

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate). " "

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial Elk Ridge Landing Md

Date of Burial, Jan'y 15th 1885

Undertaker F. N. Togle

Place of Business, 131 Hanover St

A. R. Boarman M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80883 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy B. Lucas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widowed

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 60 years

Place of Death, {Give Street and Number.} No 242 Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Patrick Cemetery

Date of Burial, 16 Jany 1885

Undertaker, N. E. Curran

Place of Business, 53 S Broadway

J. H. Watts M. D.
Medical Attendant

Address, 244 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 80884 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1885

Date of Death, Jan ~~Dec~~ 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha T. Brent

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* *Months.* 2 *Days*

Color, W

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore. ~~1827 In Baltimore~~ 1

Place of Death, {Give Street and Number.} 15 27 N - Gilmore

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 15th 1885

Undertaker, John J Andrews

Place of Business, 1646 Druid Hill Ave

H J Houck M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13th Jan 1885 at 6 o'clock

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Welsh

Sex, ~~*Male or Female,*~~ {cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 24 *Days.*

Color, Col ~~White~~

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 88 Burgundy alley

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 88 Burgundy

Cause of Death { First, (Primary,) ..... Second, (Immediate,) Convulsions

Duration of last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Samuel P Case

Date of Burial, Jany 16 1884

Undertaker, Samuel W Case

Place of Business, 985 Monroe

66 Richardson M. D.
Medical Attendant.

Address, Lombard & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80886

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gideon L. Wilmore (Wilmer

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 43 Years, 4 Months, Days.

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 43 y 4 mths

Place of Death, {Give street and number} 347 Harford avenue city

Cause of Death, First, (Primary.) Meningitis & Nervous prostration

Second, (Immediate,) superinduced by the Grip 2 or 3 years ago

Duration of last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 16th 1885

J. Yingling, M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, 152½ N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(OVER.)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 80887 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1885 BALTIMORE MD.

Date of Death, January 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Brutt Sr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 187 Stirling St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenschlager

Date of Burial, Jan. 15th 1885

Undertaker, Adam Fink

Place of Business, 461 N. Gay Address, Cor Gay & Caroline

D. W. Stone M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80888 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alan S. Trimble,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 809 S Spring Court

Cause of Death, First (Primary),

Second (Immediate), Acute Meningitis,

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 15 - 85

Undertaker, C F Kraus Son

Place of Business,

L C Bruck M. D.
Medical Attendant.

Address, 15 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80889 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1885 BALTIMORE MD.

Date of Death, Jan 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Crosby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months,* 28 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 359 Cathedral St

Cause of Death, First, (Primary,) Mitral deficiency, with general anasarca

Second, (Immediate,) Asthenia

Duration of Last Sickness, four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 15 85

Undertaker, Andrew Rohde

Place of Business, 47 Penna Ave

Wm H Steffenderfer M. D.,
Medical Attendant.

Address, 410 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 80890 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 11th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Mody

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 8 *Months,* 0 10 *Days.*

Color, light brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} child

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 88 St Mary's Street

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 15th 1885.

Undertaker William Dorsey

Place of Business, 162 Forest

Russell Murdoch M. D.
Medical Attendant.

Address, 12 Cathedral St*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

* Boy's Hospital

Health Department, City of Baltimore.

Permit No. 80891 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret G Fletcher

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days*

Color, White

~~*Married,*~~ *Single, Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 3 W Pratt

Cause of Death, First (Primary), Abscess of Lung & Bright's

Second (Immediate), Disease of Kidneys

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Winchester Va.

Date of Burial, Jan 15/84 James Bosley M. D.

Medical Attendant.

Undertaker, J. B. Coad

Place of Business, 707 W. Balto St. *Address,* 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3524 Hansell [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 80892 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emmer Grace Wright

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 3 *Years,* 2 *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 423 N. Calhoun

Cause of Death, First (Primary), Jaundice

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, Jan 16th 1885

Undertaker Jos B Leech

Place of Business No 707 W Baltimore Street

J. H. Christian M. D.
Medical Attendant.

Address, 506 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80893 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Greaves

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* 27 *Days,*

Color, W

Married, ~~Single,~~ Widow or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} County of Armah Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give street and Number.} 256 Hooker St

Cause of Death, First, (Primary,) Heart Disease

Second, (Immediate,) Dropsy

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~London~~ Western cemetery

Date of Burial. Jan 16th 1885

Undertaker, Jos B Loock

Place of Business, No 707 W Baltimore St

J. C. Hammer M. D., Medical Attendant.

Address, 62 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 80

...sicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80894 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 15 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs P. A. Marsh (Phoebe)

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 67 *Years,* 6 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pa

Duration of Residence in the City of Baltimore, 12 years

Place of Death, { Give street and Number. } 361 N Mount St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Consumption

Duration of Last Sickness, About 2 or 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park burn.

Date of Burial, January 16th

Undertaker, Wm J. Fichner

Place of Business, 65 S. Eutaw St Address, Lafayette ave & Stret...

C. K. Garner M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the du... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn... within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting fo... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, ... the cause and date of death, except in cases of births and deaths of illegitimate children. [ov...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 80895 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 15 1885 BALTIMORE

Date of Death, January 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Melisa White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 9 N. Bond St

Cause of Death, First (Primary), ...

Second (Immediate), Cancer of the Uterus

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Pat. Cem.

Date of Burial, Jany 15/85

Undertaker, Wm A Lane

Place of Business, 748 E Lanvale

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80896 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 15 1885

CERTIFICATE OF DEATH

Date of Death, Jan. 13. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 113 Rose St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 15 1885

Undertaker, W W Marden

Place of Business, 46 Eastern

C. S. Bond M. D.
Medical Attendant.

Address, 210 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back...

Health Department, City of Baltimore.

Permit No. 80897 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Gallaway Gallagher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* four *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md U S Va

Duration of Residence in the City of Baltimore, 1 year 4 mo

Place of Death, {Give Street and Number.} son / Bethel St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem-

Date of Burial, Jan 25 1885

Undertaker, C W Madden

Place of Business, 76 East St

M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 80898 *Office of Registrar of Vital Statistics.* Ward 3 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 12 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Gallahway

Sex, Male or Female, {Cross out the word not required in this line.}

Age, one *Years,* four *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} High st Cor Gay Balto

Duration of Residence in the City of Baltimore, 1 yr 4 mo

Place of Death, {Give Street and Number.} No 1 Bethel st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, Jan. 15 - 1885 -

Undertaker, Wm W. Madden

Place of Business, 46 East St

J. Gruber M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80899 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lewis Lafayette

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 11 Jackson Ct

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Meningitis (Simple)

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jany 16th 1884

Undertaker, STEWART & MOWEN, UNDERTAKERS, 36 Park Ave.

Place of Business, ———

J. C. A. Gillis M. D.,
Medical Attendant.

Address, 180 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 80900 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

CERTIFICATE OF DEATH.

Date of Death, January 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 476 E. Eager St

Cause of Death, First (Primary), ...

Second (Immediate), Asphyxia

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan. 18 1885

G. F. Jay M. D.
Medical Attendant.

Undertaker, Adam Gimbel

Place of Business, 106 N. Gay St *Address,* 224 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80901 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles R. R. Koch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} 63 N Liberty St.

Cause of Death, First (Primary),

Second (Immediate), Chronic Pneumonia.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Jan 16th 1885

Undertaker, Joseph J Byrne

Place of Business, 59 N Liberty *Address,* 95 Park Ave.

A. F. Erich M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80902 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jany 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Lynch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 6 Constitution

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 16 1885

Undertaker, James F Byrne

Place of Business, No 63 n Front St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 W Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80903 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andreas Segeil

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 139 Canton St (Canton)

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 16th 85

Undertaker, G. Frazer

Place of Business, Frazer & Wolfe

John H. Rehburger M. D.
Medical Attendant.

Address, 2143 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8904 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan "14" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* ~~~ *Months.* ~~~ *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 5 Rodenick Alley

Cause of Death, First (Primary), Malarial Fever.

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Ceme

Date of Burial, Jan 14=1885

Undertaker, F. A Kerchner

Place of Business, Arlington av

James A Steuart M. D.

~~Medical Attendant~~ Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E Ducanay Undertaker

Health Department, City of Baltimore.

Permit No. 80905 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

JAN 15 1885

Date of Death, Jan 13 – 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ed- Hayse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} Univ Hosp

Cause of Death, First (Primary), not known

Second (Immediate), Acute Meningitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, West Sub Cemetery

Date of Burial, Jany 15/ 1885

Undertaker, F A Koehnen

Place of Business, 129 Arlington Av *Address,* Univ Hosp

J R Trimble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 80906 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 16 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Hendricks

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 2 *Years,* 8 *Months,* — *Days.*

Color, W —

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 71 E Pratt

Cause of Death, First (Primary), Dyphtheria

Second (Immediate), Asthenia

Duration of Last Sickness, 6 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 15th 1883

Undertaker Fred Gaede

Place of Business, 298 Canton

Attended M. D.

Medical Attendant.

Address, 298 Wolfe ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 80907 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wesley Whittington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days,*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation oyster shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} 87 Lee Inhall St.

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, Jany 15 1885

Undertaker C. H. Blake

Place of Business, 98 Howard St

Wm A. Moale M. D.
Medical Attendant.

Address, 152 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80908 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 14 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Littleton Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 45 Pine Alley

Cause of Death, First, (Primary,) Supposed Malarial Fever

Second, (Immediate,) Bright's Disease

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan. 16 1884

Undertaker, E. Wilson

Place of Business, 19 S. Howard St.

J. H. Gillis M. D.,
Medical Attendant.

Address, 180 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Board of Health, City of Baltimore,

Permit No. 80909 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 13th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Victoria F. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #136 Mile Pl

Cause of Death. First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Six Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 15th 1895

Undertaker S McShane

Place of Business, 113 Howard St

Geo. H. Parsons M. D.
Medical Attendant.

Address, 142 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80910 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Milton Harding

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 3 Years, 6 Months, Days,

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 241 Division

Cause of Death, First, (Primary,) Diphtheria (Laryngeal)

Second, (Immediate,) "

Duration of Last Sickness, Seven days.

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial. Jany 15th 85

Undertaker, J B Cook

Place of Business, 707 Balto. St

Thos O'Sie M. D.,
Medical Attendant.

Address, 179 E Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8091 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Ballard, Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 196 Preston St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asphyxia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 16th Jany 1885

Undertaker, J. B. Cook

Place of Business,

G. G. Lusk M. D.
Medical Attendant.

Address, 392 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 80912 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 13/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin J. Bailey -

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* — *Days.*

Color, "Colored"

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and Number.} No. 2 Vine St.

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate).

Duration of Last Sickness, Six (6) weeks -

the above Information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 15th 1885

Undertaker F J Lucks

Place of Business, 478 Jefferson St

Louis W. Knight M. D.
Medical Attendant.

Address, 112 N Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimore.

Permit No. 80913 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 15 18

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Sigh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 110 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Tennessee Probably

Duration of Residence in the City of Baltimore, About 100 yrs

Place of Death, {Give Street and Number.} 3 Richard Court

Cause of Death, First (Primary), Old Age + Gen debility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 15

Undertaker, H Ross

Place of Business, 15 Lombard St

E. A. Bell M. D.

Medical Attendant.

Coroner's Office

Address, 161 E. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 30914 *Office of Registrar of Vital Statistics.* Ward 6th 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT
JAN 16 1885
BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, January 15th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Dietzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give Street and Number.} 131 N. Wolf Street.

Cause of Death, First (Primary), ———

Second (Immediate), Typhoid Fever.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Jan. 17th 1885

Undertaker, Peter Frey

Place of Business, 91 Eden av

H. L. Dashiell Jr. M. D.
~~Medical~~ Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

attended him about 5 days

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 80915 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JAN 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Teresa McGinty

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, two years

Place of Death, {Give street and Number.} 110 E. Chase St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), —

Duration of Last Sickness, five months

All the above items should be furnished by the Physician.

Place of Burial, Bonny Brae Ct

Date of Burial, January 17 1885

Undertaker Henry Hoke

Place of Business, 369 N. Eutaw St. *Address,* 98 N. Fulton St.

C. Liggett, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

OAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 80916 *Office of Registrar of Vital Statistics.* Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, JAN. 16 1885 BALTIMORE MD.

Date of Death, 15th. January 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Birkell

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, Years, 11 Months, 18 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Lifetime

Place of Death, {Give Street and Number.} S. Dallas street & 112.

Cause of Death, First (Primary), Hydrocephalus chronic.

Second (Immediate), Convulsions

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Jan 16 th

Undertaker, [illegible]

Place of Business, [illegible]

William Hamel M. D.
Medical Attendant.

Address, S. Wolfe street 112.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 80917 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE MD.

Date of Death, January 15th 1885 4.46 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Mashburn McPherson

Sex, ~~Male or~~ ~~Female,~~ {Cross out the word not required in this line.} Female

Age, 82 *Years,* — *Months,* *Days.*

Color, Wh

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Princess Anne Co,

Duration of Residence in the City of Baltimore, 67 years

Place of Death, {Give street and number.} 97 Franklin St

Cause of death, First, (Primary,) Asthma

Second, (Immediate,) Asthmia

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St

E. B. Britton M. D.,
Medical Attendant.

Address, 51 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80918 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

HEALTH DEPARTMENT, JAN 16 1885

CERTIFICATE OF DEATH.

Date of Death, 1.16.85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Trower

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 14 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 501 W. Fayette St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jany 17th 1885

Undertaker, Jos. H. M. Cox

Place of Business, 422 W. Fayette

R. M. Edmunds M. D.
Medical Attendant.

Address, 314 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80919 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK JAN 16 1885

CERTIFICATE OF DEATH.

Date of Death, January 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hack.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Divorced

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} # 66 Ridgley St

Cause of Death, First (Primary), Suicide by hanging

Second (Immediate), ——

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 16th 1885

Undertaker, James Flynn

Place of Business, 109 W. Pratt St

S. A. Steele M. D.

Medical Attendant.

Coroner

Address, 161 E. [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 80920 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JAN 16 1884

CERTIFICATE OF DEATH.

C

Date of Death, Jan 15th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rule Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Manufacturer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 365 Watts East

Cause of Death, First (Primary),

Second (Immediate), Cancer of Stomach

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 17 1884

Undertaker, J B Coale

Place of Business, Baltimore *Address,* 136 W Fayette

W. T. Cruse M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 80921 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Ringold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months.* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dirig Life

Place of Death, {Give Street and Number.} 31 Heath

Cause of Death, First (Primary), Thrush

Second (Immediate),

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Western Centre

Date of Burial, Jan 16

Undertaker, B Harle

Place of Business, 182 W Pratt 82

O A Boke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80922 *Office of Registrar of Vital Statistics.* Ward 17 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 14 " 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Briggs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Year*, *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 303 Fort av

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion Brain

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, 16 Jan

Undertaker, B Harle.

Place of Business, 1611 E 82

O. A. Corke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...n of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80923 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 16 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Florence Weaver

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 2 *Months.* 1 *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. 13 Years

Place of Death, {Give Street and Number.} 270 N. Broadway

Cause of Death, First (Primary), Hereditary

Second (Immediate), Pleuro Consumption

Duration of Last Sickness, About four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th 85

Undertaker, Wm S Fry

Place of Business, 81 N Broadway

Wilbert Thorn M. D.
Medical Attendant.

Address, Broadway & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 80924 *Office of Registrar of Vital Statistics.* **Ward** 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~156 N. Stricker~~ Jan 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm L. Lafeber

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Ins Mans Agent

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 156 N. Stricker

Cause of Death, First (Primary). Necrosis

Second (Immediate). Coma

Duration of Last Sickness, ~~Some~~ Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 17/85

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 182 Harlem Av

Jno L Quinan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 80925 *Office of Registrar of Vital Statistics.* **Ward** 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 16 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1885.

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Albrecht.

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 53. *Years,* 1 *Months,* 12. *Days,*

Color, White,

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.} Wife of Nicholas Albrecht,

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 41 Gold St.

Cause of Death, First (Primary). Laudice,

Second (Immediate). Exhaustion,

Duration of Last Sickness, 11 Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan. 17/1885

Undertaker J. B. Cook

Place of Business, 707 W. B alto St. Address, 273 Lexington St

John L. Kellogg, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 80926 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. McKnight

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 455 E. Eager St

Cause of Death, First (Primary), Scald

Second (Immediate), Convulsion

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Saturday 10 o'clock

Undertaker, Drew Linger

Place of Business, Hillen Livery

John G. White, M. D.
Medical Attendant.

Address, 342 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 80927 *Office of Registrar of Vital Statistics.* Ward 12 11/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jany 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa J. A. Fox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Atlanta Georgia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 88 McCulloh St

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Atlanta Ga.

Date of Burial. Jan 16/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 138 Madison

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3578 Burnett

...Disease on back of This Certificate.

Health Department, City of Baltimore.

Permit No. 80928 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Geo. Storre,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ... *Months.* ... *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, Grocer,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty two yrs.

Place of Death, {Give Street and Number.} 32 S. Exeter St.

Cause of Death, First (Primary), Diabetes

Second (Immediate), Pernicious remittent fever

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, January 18[illegible]

Undertaker, C F Kaul

Place of Business, 62½ W. Balt St.

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80929

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 15. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Bartholomew Janes.

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* *Months,* 19 *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Gentleman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 73 Mt. Vernon Place

Cause of Death, First, (Primary.) Inebriety

Second, (Immediate,) Cerebral Congestion from over dose of Whiskey & Subphate of morphia. 1. many years. 2. 3 hours

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 18th Jan'y 1885

Undertaker, H.W. Jenkins Sons

Place of Business, Park & Saratoga sts

Alfred Hanstaal, M. D.
Medical Attendant.

Address, 228 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80930 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1885

Date of Death, Jan 15 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Boniski Stanislaus

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* one *Months,* — *Days,*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace {State or country, and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 19 Bartlett St

Cause of Death. First (Primary), Unknown, perhaps pneumonia

Second (Immediate), Congestion asphyxia

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial St Alphansus Cemetery

Date of Burial, Jan 16th 1885 Geo R Graham M. D.

Medical Attendant.

Undertaker Geo Leimbach

Place of Business, 389 W. Pratt *Address,* 134 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 80931

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza L Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 113 Orchard Street

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) "

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16 - 85

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St *Address,* 5 & 9 Cathedral

C B Gamble *M.D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 80932

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alcenda Scott

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 45 *Years,* ____ *Months,* ____ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Washwoman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number} 17 Vine St

Cause of Death, First, (Primary,) Unknown

Second, (Immediate,) Believed to be Angina Pectoris

Duration of last Sickness, Died Suddenly

All the above information should be furnished by the Physician.

Not seen until dead.

Place of Burial, Mount Auburn Cemetery

Date of Burial, June 18th 1885

C. R. Ohler M. D.
Medical Attendant.

Undertaker, Jas. W. Chase

Place of Business, 198 S. Howard St *Address,* 934 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

...to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80933. *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Fahey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 2 Days

Place of Death, {Give Street and Number.} 45 S. Gilmor St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 17th/85

Undertaker, J & B Cook

Place of Business, 707 W Balto St

Thos A Steiner M. D.

~~Medical Attendant.~~

Address, Cum't Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

W C Roberts Jr Inspector

[over.]

...pecially Articles 20 the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8093 *Office of Registrar of Vital Statistics.* Ward 10th

The Physicism who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1885

CERTIFICATE OF DEATH.

Date of Death, Jan 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Wilson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 3 *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 20 Jasper St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 16/85

Undertaker, Alex Hemsley

Place of Business, Orchard St

James H Steuart M. D.

~~Medical Attendant~~

Camp Near Balto

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or ~~her last~~ sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

A P C Roberts D Inspector

[over.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80935 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan. 15, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Bryan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months.* *Days*

Color, colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alabama

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give Street and Number.} 35 Vincent alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemet.

Date of Burial, Jan 17 1885

Undertaker, Wm. Dunger

Place of Business, East St *Address,* 326 Baltimore

Wm A Jones M. D.
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80936 *Office of Registrar of Vital Statistics.* Ward 5 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, January 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Pond

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ~~Months.~~ ~~Days~~

Color, (Colored)

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 6. Hull's Lane

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 16th 1885

Undertaker, Wm N Dwyer

Place of Business, No 62 Eastern

Thomas B. Evans M. D.
Medical Attendant.

Address, 29 Lackan Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80937 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 16 1885

a

CERTIFICATE OF DEATH.

Date of Death, Jan 15, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Baker

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 30 yrs

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 440 Lexington St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 17th 1885

Undertaker, Th. J. Dill

Place of Business, 153 Columbia *Address,* 584 W. Fayette St

L. Blanchamp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80938. *Office of Registrar of Vital Statistics.* Ward 1 cf

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 16th of Jan 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Strotus Key

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* 17 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 137 Canton st-

Cause of Death, First (Primary), ...

Second (Immediate), Congestive Chill

Duration of Last Sickness, very Sudden

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 17. 85

Undertaker Frank Coach & Co

Place of Business, 215 John St.

E H Dorsey M. D.
Medical Attendant.

Address, 85 Canton st-

Parents - Bohemian
Parents in this
country -

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80939 *Office of Registrar of Vital Statistics.* Ward 12/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 16 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, Jany 15= 85= 6 A. M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Macquilkin

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 – *Years,* 11 – *Months.* *Days*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Gentlewoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Maryland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give Street and Number.} 196 Dolphin St

Cause of Death, First (Primary), Pleuro-pneumonia, with mitral

Second (Immediate), regurgitation.

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Jan 17

Undertaker, [illegible]

Place of Business, [illegible]

C. G. Waters M. D.
Medical Attendant.

Address, 216 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Duplicate Copy to be Left of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 60940 *Office of Registrar of Vital Statistics.* 12 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 15: 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Humphrey Jones

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 *Years,* *Months,* *Days.*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Brunswick Penn (Md)

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and number. } 13 Orchard st

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate.) Congestion of Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 17th 1884

Undertaker, M. A. Bishop & Co

Place of Business, 97 Druid Hill

D. L. Williams M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80941 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 16th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hoenke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* ——— *Months,* 18 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give Street and Number.} 240 Conway St

Cause of Death, First (Primary), Asthma

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Jan 18

Undertaker, Wm J. Tickner

Place of Business, 65 S Eutaw

D Hennessy M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80942 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1885 9. A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cyril A. Trainor

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 7 weeks ~~Days,~~

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 305 Linden Ave

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,)

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 17 1885

Undertaker, Martin Fahey

Place of Business, 128 Townsend

A. M. Sexton M. D.
Medical Attendant.

Address, 843 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80943 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hood

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60. *Years,* 4 *Months,* 21 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 35 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 264 S Eutaw St

Cause of Death, First (Primary),

Second (Immediate). Cancer of the Liver

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 17th

Undertaker H Briele

Place of Business, 81 Henrietta St *Address,* 146 Hanover St

Howard Costa M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 80944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80944 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William C. Bland.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 70. *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Coal Dealer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md

Duration of Residence in the City of Baltimore, and his life

Place of Death, { Give street and Number. } 719 Lexington St

Cause of Death, First (Primary), Valvular Disease of Heart ~~Dropsy~~

Second (Immediate) of Liver, Ascites, Hydrothorax.

Duration of Last Sickness, 8 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jany 17/85

Undertaker Henry C. Mitchell

Place of Business, Carrollton Ave & Fayette Address, 273 Lexington St.

John A. R. Stage M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80945 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 15-96

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, a long time!!

Place of Death, {Give Street and Number.} 90 Dormoby Lane

Cause of Death, First (Primary), old age

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17 1896

Undertaker, Alb. Kemsley

Place of Business, Morchanted Address, 23 Edan

H. F. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80946 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH. C

Date of Death, Jan 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter France

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 64 *Years,* 5 *Months,* 16 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Glazier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 31 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 206 S Bond ST

Cause of Death, First (Primary), Brights Disease

Second (Immediate) Inflam Kidneys

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, January 18 1885

J. M. J. Taylor M. D.
Medical Attendant.

Undertaker Leonard Burr

Place of Business, 277 S. Bond St. *Address,* 894 Lemvale ST

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80947

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Thomas

Sex, ~~Male~~ or Female, {Cross out the words not required in this line.}

Age, about 23 *Years,* Uncertain *Months,* Not Known *Days*

Color, Black.

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Waitress

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Anhurst County Maryland

Duration of Residence in the City of Baltimore, About 4 years

Place of Death, {Give street and number.} No 77 St Paul Harmony Lane

Cause of Death, First (Primary,) Tubercular Consumption

Second (Immediate,) —

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 17th 1885

Undertaker, Wm. V. Dunges

Place of Business, 1162 East st

J. H. Buckler M.D.
Medical Attendant.

Address, 246 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80948 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JAN 17 1885
BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 15, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert A. Cogey

~~Sex~~, Male or Female, {Cross out the word not required in this line.}

Age, Years, 7 Months, 15 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 34 Frederick Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Defective aeration.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 17 1885

Undertaker, Wilson & Sons

Place of Business, 62 E Lt

Jno A Mitchell M. D.
Medical Attendant.

Address, 384 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80949 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 16. 1884.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Wigginston

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 24 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Infant

Occupation "

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 24 days

Place of Death, {Give street and Number.} 9 Patterson Ave.

Cause of Death, First (Primary), Congestion of lungs

Second (Immediate), " " "

Duration of Last Sickness, 14 hours

the above info mation should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17/85

Undertaker Chas. L. Scriven

Place of Business. 271 N Eutaw *Address,* 506 Mad. Ave

J. J. Christian *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80950 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Milton Hines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* 10 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Port Deposit Md

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 681 Hanover st

Cause of Death, First (Primary), Bilious Pneumonia

Second (Immediate),

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit

Date of Burial, Jan 19 1885

Undertaker, C F Krauss Son

Place of Business,

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Port av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3524 Hansel

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80951 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 17 1885 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwin S. Tarr.

~~Sex,~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 85th *Years, Months, Days,*

Color White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 287 Park ave.

Cause of Death, First (Primary), Old age

Second (Immediate). Apoplexy

Duration of Last Sickness

All the above Info mation should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Jan 18 1885

Undertaker Hughes Spence & Co

Place of Business, 60 & 62 Baltimore St *Address,* 181 Linden Ave

Henry Chandlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80952 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 16, 1885;

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bishop Scott Hannington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 45 Years.

Place of Death, {Give street and Number.} 30 Eden St.

Cause of Death, First (Primary), Cirrhosis of Liver.

Second (Immediate). 3 mos.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, January 18th 1885

Undertaker W. C. Buckman

Place of Business, 1423 Pa. Ave.

J. W. Hook M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

...ttention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80963 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885.

Full Name of Deceased; {Write legibly and spell correctly. If an infant not named, give names of parents.} George Schaeuck

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months.* one week *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 236 N. Wolfe St

Cause of Death, First (Primary), Inanition (Absorbed Entire since 2 days & and then only very little, Relieved by medicine when first taken. Profuse)

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, January 19th 1885

Undertaker Michl Feuss

Place of Business, 35 Pacific St *Address,* 242 N. Bond

Thomas J Simms M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 809574 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 17 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Burke

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, Years, Months, 1 Days,

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 404 Greenmount Av.

Cause of Death, First, (Primary,) Premature Birth

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 17th

Undertaker, Leo Schilling

Place of Business, 214 E. Monument

A. H. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80955 — *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 17 1885
BALTIMORE MD.

Date of Death, Jan. 16th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Walter Brauer,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, ... Months. ... Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} Federal St.

Cause of Death, First (Primary), Membranous Croup,

Second (Immediate), Asphyxia,

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 18th

Undertaker, Geo Schilling

Place of Business, 212 E. Monument

C. G. Cook M. D.
Medical Attendant.

Address, Balt. & Gas. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 80956 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, abt 68 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 520 Cross St

Cause of Death, First (Primary), Accidental fall

Second (Immediate) Injuries received from fall

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, January 17th 1885

Undertaker, John H McElroy

Place of Business, 22 W Fayette St

Last Seen ..... M. D.

Medical Attendant

Coroner

Address, 161 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8095 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1885

CERTIFICATE OF DEATH.

Date of Death, January 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Hooper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 918 N. Gilmore St.,

Cause of Death, First (Primary), Nephritis

Second (Immediate), Congestion of Lungs. — 4 days

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Jan. 18/85

Undertaker, M. A. Sayer

Place of Business, 745 Edmondson Ave.

W. H. B. Sellman M. D.
Medical Attendant.

Address, 46 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80958 *Office of Registrar of Vital Statistics.* Ward 12 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 16/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Richter.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months.* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Dentition.

Second (Immediate), Drinken —

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 18 '85

Undertaker, Frank Furlong

Place of Business, Division & Monument

R. Ne Goldsmith M. D.
Medical Attendant.

Address, Hanover, Carroll

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80959 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* —— *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 18/85.

Undertaker, Frank McVeagh

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 19

Permit No. 80960

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 17 1885

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J. Johnston

Sex, Male or Female, {cross out the word not required in this line.}

Age, 60 *Years,* 4 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Gettysburg Adams Co. Pennsylvania

Duration of Residence in the City of Baltimore, About 28 years

Place of Death, {Give street and number} # 507 Fulton Street

Cause of Death { First, (Primary,) Apoplexy
Second, (Immediate,) Exhaustion

Duration of last Sickness, Several weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cy

Date of Burial, Jany 18th 1885

P. S. Fitch *M. D.*
Medical Attendant.

Undertaker, STEWART & BROWEN,

Place of Business, STEWART & BROWEN, UNDERTAKERS, 58 Park Ave.

Address, 507 W Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

(2)

Permit No. 80961

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leiue Smaroh

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* Six *Days.*

Color, European

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~or Widower~~ ✓

Occupation, ~~—~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} #180 S. Durham St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} #180 S. Durham St.

Cause of Death First, (Primary.) Scarlet Fever (Not Definite) Known

Second, (Immediate,) Convulsions

Duration of last Sickness, Two hours about

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial Jany 18. 1885

Undertaker, H Gruber & Son

Place of Business, 258 Caroline Ave

A. J. Foard M. D.
Medical Attendant.

Address, #169 South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80962 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Welsh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 Yrs

Place of Death, {Give Street and Number.} 187 Eden St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, January 19

Undertaker, B. Hall

Place of Business, 89 Mart St

R. J. N. Tall M. D.
Medical Attendant.

Address, 157 Shar. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80963 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Barnes

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Md

Duration of Residence in the City of Baltimore. All her life

Place of Death, {Give Street and Number.} 60 Durst Alley

Cause of Death, First (Primary), Apoplexy

Second (Immediate), 3 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western C.

Date of Burial, January 18

Undertaker, B. Hasla

Place of Business, 84 west St

Wm. Bell M. D.

~~Medical Attendant.~~ Coroners Physician

Address, 161 E. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80964 *Office of Registrar of Vital Statistics.* Ward 8 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday, Jan. 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Cummings

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 1 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 36 Jones alley

Cause of Death,
First (Primary), Inflammation of Lungs (Immediate)
Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 19 85

Undertaker, Alf Kemsley

Place of Business, 84 Richmond Address. Chas & Fayette Sts

Wilmer Stinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ick of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9 11

Permit No. 80965

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 16 "85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Amelia C. Hardy

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, Col. *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Her entire life

Place of Death, {Give street and number.} No. 30½ Courtland St.

Cause of Death, First (Primary,) Acute Pneumonitis

Second (Immediate,) Heart Clot

Duration of Last Sickness, About 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Jan 18th 1885

Undertaker, Wm. A. Bunge

Place of Business, 62 East, St.

Alex. Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...on back of this Certificate.

Board of Health, City of Baltimore,

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 80966

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alverdia Willson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, four *Years,* nine *Months,* *Days.*

Color, [illegible] *Sex,*

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, four years nine months

Place of Death, {Give street and number.} 212 Dover St

Cause of Death, {First (Primary,) Brain affection
Second (Immediate,) Convulsion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, January 17 1885

Liberia Carnish M. D.
Medical Attendant.

Undertaker, H Ross

Place of Business, 95 Con Way st *Address* 227 Dover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10967 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth B Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U. S. Baltimore

Duration of Residence in the City of Baltimore, 3 yr 7 mon

Place of Death, {Give Street and Number.} 21 Comet

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemt—

Date of Burial, Jany 18/85

Undertaker, Fred Gaede

Place of Business, 29 N Caroline

J E Chatard M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80968 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 19 1885 BALTIMORE.

a

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Horak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* — *Months.* 5 *Days*

Color, Colick

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Saloon keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} Fort Dond & Miller Streets

Cause of Death, First (Primary), Acute Pulmonary Congestion

Second (Immediate), Asphyxia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cem

Date of Burial, June 19 1885

Undertaker, John Hennessy

Place of Business, 382 Orleans St Address

C. W. Asher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80969 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 18 1886 BALTIMORE

Date of Death, January 17 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie McCaskey

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months.* — *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death. {Give street and Number.} 68 N Front St

Cause of Death, First (Primary), ~~Diphtheria~~

Second (Immediate) Paralysis of the Heart

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 19th 1886

Undertaker Henry W. Miller

Place of Business, #45 N Gay St

Edward Lee M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 10970 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 19 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jany 17 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Walsh

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} D. Jones Hospital

Cause of Death, First (Primary), Paraplegia

Second (Immediate), Exhaustion from Bed-sore

Duration of Last Sickness, 10 mths

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 19th 1885

Undertaker, Henry W. Means

Place of Business, #45 N Gay St

Asa Lord M. D. Medical Attendant.

Address, 188 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 80971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80971 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 18 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Jany 17 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. Montague Connelly

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Editor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 715 Greenmt Ave

Cause of Death, First (Primary), Unknown – Probably Pneumonia

Second (Immediate), Edema Lungs

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 19th

J. H. Robertson M. D.
Medical Attendant.

Undertaker H. C. Wisdefeld

Place of Business, 90 Guilmont Ave *Address,* 715 Greenmt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8077 2 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT JAN 18 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Irving Miller Wilkie

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months.* 6 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Aisquith and Edward Sts

Cause of Death, First (Primary), Convulsions

" Second (Immediate), Exhaustion

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Jan 18th

Undertaker, Geo Schilling

Place of Business, 1 W on Monument & Aisquith st

Irving Miller M. D.
Medical Attendant.

Address, 179 E Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

No. 8093

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8093 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13

JAN 18 1885 HEALTH DEPT. BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 16th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Maughan

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Collector.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland.

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, { Give street and Number. } 842 S. Exeter St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, Some months.

the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery

Date of Burial, 19 Jan. 1885

C. O'Donovan M. D.
Medical Attendant.

Undertaker James P Byrne

Place of Business, 63 N Front St. *Address,* 115 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80974 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jany 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Faber (Faber)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St Paul's Asylum

Cause of Death, First (Primary),

Second (Immediate), Org. Disease of Heart

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cemetery

Date of Burial, 19th Jan. 1885

Undertaker, Wm Jenkins & Sons

Place of Business, Park & Saratoga *Address,* 23 Saratoga

J Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80975 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1885 BALTIMORE

Date of Death, January 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rev. Daniel M. Lander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Ministry of the Gospel

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Elgin

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Amputation of Left foot

Second (Immediate), Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Woodsbourn Md.

Date of Burial, 19th Jan. 1885

Undertaker Wm Jenkins Sons

Place of Business Cor Saratoga & Address, City Hospital

E. J. Cokery M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit - 3550

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80976 *Office of Registrar of Vital Statistics.* Ward 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanor A. Bennett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 77 Bolton Street

Cause of Death, First (Primary), Stricture of Large Stomach & Ulcers

Second (Immediate), Organic Disease of Valves of Heart

Duration of Last Sickness, Two or three years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, January 19th 1885

Undertaker, Fitzer & Mercher

Place of Business, No 150 Lombard St

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8077 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 19 1885 BALTIMORE MD.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vida Harkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 5 07 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 113 South Wolfe

Cause of Death, First (Primary), Meningitis

Second (Immediate), Spasms,

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, January 19th 1885

Undertaker, Chas. F. Evans & Co.

Place of Business, 607 Eager & Valley St. *Address,* 1711 E Lanvale

C. B. Reynolds M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80978 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 17, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Tolson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 7 weeks *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} — —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 210 Chestnut Alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 210 Chestnut Alley

Cause of Death, First (Primary), Suddenly with

Second (Immediate), Bronchitis

Duration of Last Sickness, about a week

All the above information should be furnished by the Physician.

Place of Burial, Shanfo St Cemetery

Date of Burial, Jan 19 1885

Undertaker, Alf Kemsley

Place of Business, 116 Orchard St

Wm A. Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 80979 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 16 1885 BALTIMORE, MD

Date of Death, Jan 14th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Rose

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 1 *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace. {State or country, and how long in the United States, if of foreign birth} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 62 Hamburg St

Cause of Death. First (Primary), Entero colitis

Second (Immediate), asthenia

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday 19

Geo R Graham M. D.
Medical Attendant.

Undertaker B. Hyatt

Place of Business, 82 West St. *Address,* 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80980

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18th in 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephine Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 years *Years,* *Months,* *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, { Give street and number. } Maternite Hospital

Cause of Death, First, (Primary.) Puerperal Fever + Convulsions

Second, (Immediate.) Paralysis of Heart.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, January 19 1885

Undertaker, Hercules Ross

Place of Business, 95 Lon Wayst

F. R. Stardmann M.D.,
Medical Attendant.

Address, Maternite Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80781 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Ziegler

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 84th *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 30 Frederick Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, several years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Tuesday Jan 20 1885

Undertaker, Denny & Mulcahy

Place of Business, 550 W Fayette

J G Lentheim M. D.
Medical Attendant.

Address, 584 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80982 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 19 1885

CERTIFICATE OF DEATH.

Date of Death, 17th Jan 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick F. E. Rockstroh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months.* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 159 Hollins st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 20

Undertaker, J B Ecks

Place of Business, 704 W Baltimore st

F. F. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 80983

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80983 *Office of Registrar of Vital Statistics.* **Ward** 7 & 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gertrude Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 352 N. Washington St

Cause of Death. First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 10 hours.

the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, January 19, 1885

E. B. Fenby M. D.
Medical Attendant.

Undertaker Henry Hoen

Place of Business, 319 Conrad st. *Address,* 283 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8098 4 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John D. McHentze

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 4 *Months,* 1 *Days*

Color, Colite

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 297 E. Canal St

Cause of Death, First (Primary), Gastro Intestinal Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 21 1885

Undertaker, Henry Heagy

Place of Business, 309 Central ave

L. W. Slaer M. D.
Medical Attendant.

Address, Cor Eager & Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80985 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah, Mc Donough.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} No. 145 S. Chester st.

Cause of Death, First (Primary),

Second (Immediate), Consumption, (Lungs)

Duration of Last Sickness, two (2) years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 20th 1885

Undertaker, M. Clark & Son

Place of Business, 92 S Am

A. L. Clarke. M. D.
Medical Attendant.

Address, 237 Gough st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80986 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 17th January 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Maetin Warfield,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 Yrs 9 mo Years, 1 Months, 24 Days

Color,

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County Maryland.

Duration of Residence in the City of Baltimore, Since Infancy.

Place of Death, {Give Street and Number.} 23 Preston St. Baltimore Md.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, About 5 years. One year confined from duty.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 20th Jany 1885

Undertaker, H. M. Jenkins Son

Place of Business, Park & Saratoga sts *Address,* 47 Franklin St.

McC. Vanbibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80987

Office of Registrar of Vital Statistics.

Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 21 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 24 Chesapeake St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Jan. 19th 1885

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave Address, 50 Eutaw St.

E. J. McGuirk M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFE

80988

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80988 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Conrad

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co, Maryland

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give Street and Number.} 80 N Stricker St

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Manchester Carroll Co.

Date of Burial, Jan 20/851

Undertaker, J. B. Cook

Place of Business, 207 E Balto St *Address,* 554 W Fayette St

R & R K Knox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3551 Franck

[OVER.]

...n of Physicians is respectfully invited ... and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 80989 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Conner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* *Days*

Color, W

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} Howard st 2 1/2

Cause of Death, First (Primary), Stamens Cattarrh - result of Scarlet Fever which he had about

Second (Immediate), Chro Bronchitis 2 yrs ago

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan 19 1885

Undertaker, Lord & Byrne

Place of Business, Front st

William Lee M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ion of Physi... ...ctually tau... ...ed to List of Diseases or ...

Board of Health, City of Baltimore,

Permit No. 80990

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JAN 19 1885

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thornton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 years *Years,* 19 *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 17 days.

Place of Death, {Give street and number.} Maternite Hospital

Cause of Death, First, (Primary.) Pelvic Cellulitis + Peritonitis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 17 days

All the above information should be furnished by the Physician.

Place of Burial, Catonsville Md

Date of Burial, Jan 19th 1885

Undertaker, Sam'l A Chase

Place of Business, 198 E. Howard St

F. R. Nordmann M.D.,
Medical Attendant.

Address, Maternite Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of Physician... and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 80991

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 19 1901

Date of Death, Sunday Jan 18th, 1901

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F. Mills

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 28 *Years,* 11 *Months,* 7 *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Printer

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. 'Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 135 E. Mont. St.

Cause of Death, First, (Primary,) Specific Inflammation of Brain & Spinal Cord

Second, (Immediate,) Exhaustion,

Duration of last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 21st

Wilmer Brinton M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, No 212 E Monument st Address, Chase St & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...J. C. DULANY & CO., CITY PRINTERS AND STATIONERS. [97-41]

...tion of Physicians is respectfully Invited to the Rem...ow, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8992 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 19th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Sellers

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 267 S. Dallas St

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 20th Jan. Morn. Morning 9 Clock

John H. Kelberger M. D.
Medical Attendant.

Undertaker, Leonhard Kurz

Place of Business, 23 S. Bond St. *Address,* 143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 1

Health Department, City of Baltimore.

Permit No. 80993

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sinker. (Switzer)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 80 *Years*, ... *Months*. ..... *Days*

Color, White.

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give Street and Number.} 26 Union St.

Cause of Death, First (Primary), Cystitis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. James Church

Date of Burial, Jan 20 1885

Undertaker, A Koenberger

Place of Business, 70 Pen Clay st

H. Rickert M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ention of Physicians is ...respectfully invited to the Rema... ..., and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8099 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank 16 Schulte

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 5 *Months,* 11 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Aldendorf West Phalia

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 490 W. Fremont

Cause of Death, First (Primary), Active Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, January 20 [illegible] M. D.

Undertaker, Walter Immel Medical Attendant.

Place of Business, 315 N. Biddle *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80995 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 15 Parish Alley

Cause of Death, First (Primary), Thurs. h.

Second (Immediate), Spasms.

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan" 20 = 1885

James A Steuart M. D.

Undertaker, A. M. Duncan

Place of Business, East St

Comm" of Health & Registration

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunding Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80996 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 18. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days*

Color,

~~Married~~, Single, (Widow) or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 137 Pierce St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 4 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery.

Date of Burial, Jany 20th

Undertaker, Thos Hallon

Place of Business, 86 Second St. *Address,* 308 W Baltimore

C W Muff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80997 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Kleman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 72 *Years,* 3 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} No 116 William St

Cause of Death, First (Primary), Asthma

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, January 21

Undertaker, B. Hartle

Place of Business, 62 West St.

I. C. Burdick M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 80998 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 19th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Haskins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days.*

Color, Brown

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Washerwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death. {Give street and Number.} No 6 Chestnut St

Cause of Death, First (Primary). Cerebral Softening

Second (Immediate). Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 20/1885

Undertaker W W Madden

Place of Business, 76 Eastern Av

Medical Attendant. M. D.

Address, 115 E Hoffman

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ion of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 80999 *Office of Registrar of Vital Statistics.* Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE MARYLAND JAN 20 1885

Date of Death, January 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura V Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 358 E Fayette st

Cause of Death, First (Primary), Exposure & Colds

Second (Immediate), Consumption

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 21/85

Undertaker, Wm S. Fry

Place of Business, 81 W Baltimore

J. Ridgway Andre' M. D. Medical Attendant.

Address, 121 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over

$100

missing

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81001 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma V. Porter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 138 N. Eden St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Oedema

Duration of Last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 20th 1885 Francis A. Dacey M. D.

Medical Attendant

Undertaker, Wm H. McKnight

Place of Business, No 234 W. Lee *Address,* 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 81002

he Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81002 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, July 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wolf

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 101 Cambridge St.

Cause of Death, First (Primary), Strangulated Hernia

Second (Immediate),

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem

Date of Burial, Jan 21 85

Undertaker, G. France

Place of Business, Grant & Wolfe *Address,* 108 Cinnard St

[illegible] M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...ns of all 01003

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81003 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 20 1885 BALTIMORE MD.

Date of Death, Jan 19th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eggleston Summerfield White

Sex, Male ~~or Female~~ { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~ { Cross out the word not required in this line. } V

Occupation, Journalist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Va

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, { Give street and number. } 42 N Mount St

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis (pulm)

Duration of Last Sickness, six weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 21st 1885

Undertaker, Louis Schaub

Place of Business, 109 N Howard

H C Coffroth M. D., Medical Attendant.

Address, 330 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 81004

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81004 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 20 1885

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Laura Johnson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 540 N Gay st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan 20th 1885

Undertaker, W. H. Hickman

Place of Business, N Gay st

James A Tenney M. D.
~~Medical Attendant~~

Address, Court St & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeown Sanitary Inspector [over.]

No. 81005

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81005

Office of Registrar of Vital Statistics.

5 17

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liza Jones.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* 9 *Months,* 23 *Days.*,

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Servant Girl,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 87. Sterling.

Cause of Death, First, (Primary.) Tuberculosis.

Second, (Immediate.) Exhaustion,

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 23 1885

Undertaker, Abr Hensley

Place of Business, 116 Eutaw ave

J. W. Chambers, M.D.,

Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

... Baltimore make returns of all 81006

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81006 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other porson superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 1885 BALTIMORE MD

Date of Death, Jany 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman J Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Restaurateur

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 135 Franklin St. Balto Md

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage from Lungs

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Jan 20 1885

Undertaker, H Rosenberger

Place of Business, John (West)

J. E. Clagett M. D.
Medical Attendant.

Address, 36 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8807

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8807 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto Gluckmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 289 W Pratt St Balto Md

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion & suffocation

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 20th 1885

Undertaker, John Heuring

Place of Business, 382 Orleans St

L. E. Clagett M. D.
Medical Attendant.

Address, 76 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 81008

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81008 *Office of Registrar of Vital Statistics.* Ward 19 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Noland

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, / *Years,* 4½ *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} Franklin St. Extended

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 1 hr 20 min

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Jan 21. 85

Undertaker, Martin Fahey

Place of Business, 128 Townsend

L. A. Wilson M. D.
Medical Attendant.

Address, 837 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 87009

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81009 *Office of Registrar of Vital Statistics.* **Ward** 5 11/14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED JAN 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* X5 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #14 Hulls Lane

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, Jan 20th 85

Undertaker, W N Madden

Place of Business, #96 East St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Camp N. & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex Off

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Asst Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81010

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 20 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George. H. Kirby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* 13 *Months,* ..... *Days.*

Color, White *Sex,* Male

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 301 N. Central ave.

Cause of Death, First (Primary,) Tuberculer Meningitis

Second (Immediate,) "

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsius Com A. G. Wabon M. D.

Date of Burial, Jan 21st 1885 Medical Attendant.

Undertaker, Adam Gaith *Address* 457 N. Central ave

Place of Business, 461 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and date of death, except in cases of births and deaths of illegitimate children.

No. 01011

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81011 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Collins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* ... *Months.* ... *Days*

Color, Colk

Married, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 17

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 203 ~~Fremont~~ St.

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Abscess

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Shart at Cemetery

Date of Burial, Jan 21st 1885

Undertaker, Sam'l M. Chase

Place of Business, 192 E. Hanover st

A. T. Ellis M. D.
Medical Attendant.

Address, 373 Lombard st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 8012

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8012 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. JAN 21 1885

CERTIFICATE OF DEATH.

Date of Death, ~~Annie~~ January 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6m3 *Years,* 2 *Months,* 0 *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, washer & Ironer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 35 Marion Street

Cause of Death, First (Primary), unknown to me

Second (Immediate), I did not see deceased until after death Supposed to be disease of heart. dumb

Duration of Last Sickness, suddenly

All the above information should be furnished by the Physician.

Place of Burial, St Marys R.C. Cemetery

Date of Burial, Jan 21st 1885

Undertaker, Saml M. Chase

Place of Business, 193 S. Howard

J. Kirby M. D.
Medical Attendant.

Address, 195 N. London st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Saturday of e No. 8703

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8703 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1887 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George and Susan Ross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 79 Aliceanna St.

Cause of Death, First (Primary),

Second (Immediate), Hemorrhage from the Bowels

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Jan 21st 1887

Undertaker, Saml C. Chase

Place of Business, 198 S. Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 1014

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81014 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1886

a

CERTIFICATE OF DEATH.

Date of Death, January 19, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter S. McCullough

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

~~Color~~,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, Eight Years

Place of Death, {Give Street and Number.} 281 N. Broadway

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate),

Duration of Last Sickness, Instant death

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jany 22nd 1886

Undertaker, John H McCleary

Place of Business, 22 W. Fayette St *Address,* 314 N. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81015 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1885

a

CERTIFICATE OF DEATH.

Date of Death, January 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Lauman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 3 *Months.* *Days*

Color, Coed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1231 Chinn St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, January 22 1885

Undertaker, Chas Euler Sons

Place of Business, 95 Lan Wayne

L. C. Burch M.D.
Medical Attendant.

Address, 151 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81016 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 20, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Blanch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 149 N Mount St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 21st 1885

Undertaker, D Emmy & Mitchell

Place of Business, 630 W Fayette St

J G Smithson M. D.
Medical Attendant.

Address, 581 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 81017

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81017 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1885

CERTIFICATE OF DEATH.

Date of Death, January 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Hamilton Grahams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* 6 *Months,* 19 *Days,*

Color, White

~~Married, Single, Widow~~ Widower, {Cross out the word not required in this line.}

Occupation, Banker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} #54 Cathedral Street.

Cause of Death, First, (Primary,) Heart & Bright's Disease

Second, (Immediate,) Asthenia.

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 22d Jany. 1885

Undertaker W. H. Jenkins & Son

Place of Business, Park & Saratoga St. *Address,* #146 Park Ave.

H. H. Nelson M. D., Medical Attendant. #

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81018 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan. 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Bohlayer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 3 *Months.* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Glass worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 6. Estend st

Cause of Death, First (Primary), Typho Malarial fever

Second (Immediate), Prostration

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, January 22

Undertaker, B. Healy

Place of Business, 82 West St

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of D... on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 81019 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, Jan'y. 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David S. Hynes

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 47 *Years,* 1 *Months,* ..... *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 130 Paca St.

Cause of Death, First, (Primary,) Erysipelas — face and scalp

Second, (Immediate,) Blood poisoning

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Jan 22/85

Undertaker, Chas. T. Scriven

Place of Business, 27 N. Eutaw

P. McCarey Hennessy M. D., Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 81020

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81020 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1888 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 19 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Lucas

Sex, Male or Female, {Cross out the word not required in this line.} 2

Age, 93 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 93 Years

Place of Death, {Give Street and Number.} 7 Dawson alley

Cause of Death, First (Primary), Bright's Disease of Kidneys

Second (Immediate), Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Annarundel Co Md

Date of Burial, Jan 21st 1888

Undertaker, Wm. N. Cooper

Place of Business, No 62 East St

J R Trimble M. D.
Medical Attendant.

Address, Union Dep

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3533 Bandel

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W. Hyman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 4 *Months,* 3 *Days.*

Color, White *Sex,* male

~~*Married*~~, *Single*, ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 590 Ashford ave

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan. 22. 1885

A. G. Watson M. D.
Medical Attendant.

Undertaker, Wm H Stockman

Place of Business, 2314 Gay St Address 437 N. Central, av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 81022

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81022 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 20th Jan 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Stube

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 137 S. Sticker

Cause of Death, First (Primary), Dr. Physician

Second (Immediate),

Duration of Last Sickness, one week was sick 4 days before I saw him

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan. 21 /85

Undertaker J. B. Cook

Place of Business, 707 W. Balto. *Address,* 594 N. Fayette

John Hood *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81023 *Office of Registrar of Vital Statistics.* Ward 18½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 20 January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly Hinker

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* 7 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 21 E Henry Street

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Woodlawn~~ Loudon Park

Date of Burial, 22 January 1885

Undertaker, Geo. Leimbach

Place of Business, 189 W Pratt St *Address,* 205 N Lombard St

Dr F Blinkhoid M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81024 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ann Edwards

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 18 Penny St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, North Point Church

Date of Burial, Jan 22nd 1885

Undertaker, Mrs John McCabe

Place of Business, 229 S Wolf St

E. J. Williams M. D.
Medical Attendant.

Address, 53 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81025 *Office of Registrar of Vital Statistics.* Ward 18 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 14 f Mc Henry

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis of brain

Duration of Last Sickness, Four (4) Days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jany 23d 1885

Undertaker, John S. Meaden

Place of Business, 150 Camden

H. L. Stein M. D.
Medical Attendant.

Address, 30 W Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81046 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Driller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* *Months,* 2 Months *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 149 E Chatsfield St

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Evangelical

Date of Burial, Jan 24 1883

Undertaker, H. Saudenfan

Place of Business, 382 Gardner *Address,*

H. Rolet M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 81027

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81027 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 21 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lena M. L. Griesbauer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 7 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 257 S Howard

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Jan 22nd 1885

Theodore Cook M. D.
Medical Attendant.

Undertaker P. H. Steuvald

Place of Business, 35 S. Eutaw St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81028 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 21 1885

CERTIFICATE OF DEATH.

Date of Death, January 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Brandau

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 8 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} N. W. Cor. Paca & Eden Sts

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Dont Know - was called Saturday

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 22nd

Undertaker, Geo Schilling

Place of Business, No 212 E Monument St

James E Donnelly M. D.
Medical Attendant.

Address, 199 E Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81029 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 21 18[illegible]

CERTIFICATE OF DEATH.

C

Date of Death, January 19" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeremiah Thomas Travers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* 1 *Months.* *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 293 Hanover

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 23/85

Undertaker, Cunningham & Kemp

Place of Business, 262 Light

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 870

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81030 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21 Jan. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } August J. Kontner

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 82 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation Cabinet maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 33 yrs

Place of Death, { Give street and Number. } 887 N. Paca st

Cause of Death, First (Primary), old age

Second (Immediate), Paralysis

Duration of Last Sickness, 2 days I have attended him two days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan, 22/83

Undertaker J. J. Cobb

Place of Business, 707 W. Balto St.

John Hood M. D.
Medical Attendant.

Address, 594 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8103 ; *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 21 1885 BALTIMORE MD

Date of Death, Jany. 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Andrew Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Ship Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and Number.} # 128 S. Washington St.

Cause of Death,
First (Primary), Cancer of Stomach
Second (Immediate), do ; do,

Duration of Last Sickness, Unknown

All the above info mation should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Jan 23 th

Undertaker H. Lipps

Place of Business,

James Bacon M. D.
Medical Attendant.

Address, Cor Arlington and Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81032 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sarah E. Senger January 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah E. Senger,

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seven *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No. 384 Harford ave

Cause of Death, First (Primary).

Second (Immediate). Pneumonia

Duration of Last Sickness, About five days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 23rd 1885

Undertaker George Schilling

Place of Business, Aisquith & Monument sts

Reg. R. Elwell, M. D.
Medical Attendant.

Address, 379 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81033 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 22 1885 BALTIMORE MD

Date of Death, January 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Barock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia (Austria)

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 120 N Washington st

Cause of Death, First (Primary), Phthisis pulm.

Second (Immediate), Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, January 22 1885

Undertaker, John Herring

Place of Business, 962 Orleans St *Address,* 12 S Eden st

L O Whitewright M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8103

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH BALTIMORE JAN 22 188

CERTIFICATE OF DEATH.

Date of Death, 20th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Colman

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, Four *Years,* ~~~ *Months,* ~~~ *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} 166 Raybourg St Balto City

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give street and number} 12 Church St

Cause of Death, First, (Primary.) Indigestion

Second, (Immediate,) Convulsions

Duration of last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 22 nd 1885

Undertaker, Saml. A. Chase

Place of Business, 198 S Howard St

G B Beeler M D M. D.

Medical Attendant.

137 W Fayette St

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81035 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

BOARD OF HEALTH JAN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Freeland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days.*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 240 Raborg.

Cause of death, First, (Primary,)

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Jan 22nd 1885

Undertaker, Wm. H. Duncan

Place of Business, 162 East st

T Edw Janney M. D.,
Medical Attendant.

Address, 240 W. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81036 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bascilla Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 22 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 3. H. Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Auburn Ex Cemetery

Date of Burial, Jan 22nd 1885

Undertaker, Wm N Dugan

Place of Business, 110 East st

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81037 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1885

CERTIFICATE OF DEATH.

Date of Death, Jan 21, '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Shaw

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 72 *Years,* *Months.* *Days*

Color, white

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} Cor. Amity & Lemmon

Cause of Death, First (Primary), Heart disease

Second (Immediate), Exhaustion v. dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St peters

Date of Burial, Jan 23

Undertaker, John J Bowan

Place of Business, 89 Holins St

Wm A Shaw M. D.
Medical Attendant.

Address, 320 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible]

Board of Health, City of Baltimore,

Permit No. 81038 *Office of Registrar of Vital Statistics.* **Ward** 12 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 23 1885 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, January 21st 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm H. Bernard

Sex, Male or Female. { Cross out the word not required in this line. } Male

Age, 67 *Years,* 2 *Months,* 21 *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation R. R. Employee

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, most of his life

Place of Death, { Give street and Number. } 168 John St.

Cause of Death, First (Primary), General debility

Second (Immediate), " "

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 23 1885

Undertaker John J. Andrews

Place of Business No 476 Druid Hill Ave *Address,* 506 Mad Ave

J. A. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9 11

Permit No. 81039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 22 1885

CERTIFICATE OF DEATH.

Date of Death, Jany. 21 — 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Birdie Morris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,* Female

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Kept house of ill fame

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number.} No. 23 Bath St.

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Paralysis of heart

Duration of Last Sickness, Death was practically instaneous

All the above information should be furnished by the Physician.

Place of Burial, Pratt Street Cemetery

Date of Burial, Jan 23 1885

Alexander Hill, M. D.
Medical Attendant.

Undertaker, Chas. F. Evans & Co

Place of Business, Eager & Valley sts

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of Illegitimate children.

...spectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81040 *Office of Registrar of Vital Statistics.* **Ward** 14 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

HEALTH DEPARTMENT JAN 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 21st January 1885

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Sarah Ann Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 10 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchandize

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 225 Hollins St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23rd 1885

Undertakers D Emry & Mitchell

Place of Business, 530 W Fayette St *Address,* 187 Hollins St

F. T. Bruson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8104-1 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 22 1885

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Korkinski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 281 Aliceanna St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, Jan 22nd 85

{*Undertaker,* John C Schuh

Place of Business, 265 Aliceanna} *Address,* 243 Aliceanna

John H. Kelbaugh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81042 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 21 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederika Lenarteck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 248 S. Caroline st

Cause of Death, First (Primary), Heart disease

Second (Immediate), ...

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23rd 1885

Undertaker, Fred Gaede

Place of Business, 29 S Caroline st *Address,* .....

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81043 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan, 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ruley Longhenry

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Farmer wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 48 yrs

Place of Death, {Give street and Number.} 147 E Lombard St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 24th 1885

Undertaker Fred Gaeda

Place of Business, 29 S. Caroline *Address,* 882 Baltimore St

A Rappoldsteyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak... or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8104 *Office of Registrar of Vital Statistics.* Ward 10 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 22 18[illegible]

CERTIFICATE OF DEATH.

Date of Death, 21st. January 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob B. Owings

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Seventy three (73) *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Millwright. Master -

Birth Place, {State or country, and how long in the United States, if foreign birth.} Owings - Mills. B. C.

Duration of Residence in the City of Baltimore, About 30 Years.

Place of Death, {Give Street and Number.} No 108 Franklin St -

Cause of Death, First (Primary), Died quickly - after complaining about

Second (Immediate), two Hours of Pain in breast, The ab-

solute Cause of death unknown -

Duration of Last Sickness, not more than two Hours. when I saw him he

All the above information should be furnished by the Physician.

was dead - unknown

Place of Burial, Loudon Park

Date of Burial, Jan 23/85

W C. van Bibber M. D.

Medical Attendant.

Undertaker, Elias J. Lemmon

Place of Business, 271 W. Eutaw *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81045 *Office of Registrar of Vital Statistics.* Ward 2 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Adam Elsasser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} # 139 Alice Anna St.

Cause of Death, First (Primary), Typhoid-Pneumonia

Second (Immediate),

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, Jan 23 1885

Undertaker, Wendel Dippel

Place of Business, 3 Bond St

John H Kehlenger M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81046 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, Jany 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hope Hollins

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ one *Months.* ~~*Days*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery + Child's Hosp.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Enteritis

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 22

Undertaker, [illegible]

Place of Business, [illegible]

T. A. Ashby *M. D.*
Medical Attendant.

Address, 318 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8104 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, January 21 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M. E. Baker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 265 McDonough

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Jan 22d

Undertaker, Wilson & Grace

Place of Business, S. Caroline St. 142 *Address,* 234 N. Bond

G. T. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81848 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Brannan Brennan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wheel Wright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 7 Pleasant St

Cause of Death, First (Primary), Peri-typhlitis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, Jan 23d 1885

Undertaker, Henry W. Means

Place of Business, 465 W Gay St — *Address,* 171 N Calvert St

Geo. B. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81049 *Office of Registrar of Vital Statistics.* **Ward** 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS JAN 23 1895

CERTIFICATE OF DEATH.

Date of Death, January 21st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Fullmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 77 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wurtemberg. Germany

Duration of Residence in the City of Baltimore, 32 yrs. —

Place of Death, {Give street and Number.} 44 Bank St.

Cause of Death, First (Primary),

Second (Immediate). Bronchitis.

Duration of Last Sickness, 3 weeks.

the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, January 24

Undertaker W. Lewis

Place of Business, 33 Bank St.

H. L. Gosnell, M. D.
Medical Attendant.

Address, 96. S. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81050 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

28

JAN 22 1885

CERTIFICATE OF DEATH.

Date of Death, 21 Jan 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaretha Stueberit

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 2 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Herolds Germany

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give street and Number.} Chester & New Chester

Cause of Death, First, (Primary,) Emphysema

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 3 Years to the time I attended her.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial. Jan 23 1885

Undertaker, Henry Brack

Place of Business, 309 N Eutaw St

L. H. Heldmann M. D.,
Medical Attendant.

Address, 120 Pearl St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81051 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 22 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Krauss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9/12 *Years,* 2 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Basketmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 173 E Lombard st

Cause of Death, First (Primary), Prostatic Hypertrophy

Second (Immediate), Uraemia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 23rd 1885

Undertaker, Fred Geeske

Place of Business, 29 E Lombard Address, 17 S Eden st

L O Wentzel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physicians are Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81052 *Office of Registrar of Vital Statistics.* **Ward** 20 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1885

CERTIFICATE OF DEATH.

Date of Death, January 21 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura J. Cook

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 5 *Months,* 16 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, {Give street and Number.} 123 Mosher

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 23d 1885

Undertaker John F. Andrews

Place of Business No 4 & 6 Druid Hill Ave.

J. H. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 81053 *Office of Registrar of Vital Statistics.* Ward 18½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN. 22 188[illegible]

C

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Schaefer

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bristle worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 13 Brown's Lane

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 23 1885

Undertaker, Joh P Pauley

Place of Business, 66 Frederick Ave *Address,* 584 W Fayette St

J G Smithson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81057 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22d 5 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arnetta Franklin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ——— *Months.* ——— *Days*

Color, white.

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.} Married

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} No. 37 Barre St. (Florett formerly)

Cause of Death, First (Primary), Cancer of Womb.

Second (Immediate), ———

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, January 23rd

Undertaker, Wm J. Tiekner

Place of Business, 65 S. Eutaw St

Wm H. Chandlee M. D.
Medical Attendant.

Address, Cr. Columbia Ave & Pennsylvania

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81055 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace T. Gould

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months.* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 242 Sharp St.

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, January 28th

Undertaker, Wm. J. Tiellmer

Place of Business, 65 S. Eutaw St *Address,* 132 Sharp St.

R. J. H. Tull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81056 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie H. Meacham

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 2 E Eutaw St

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 23/1885

Wm Gordon Coale M. D.
Medical Attendant.

Undertaker Armstrong & Conn

Place of Business, 160 Light *Address,* 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81057 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances B. Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give Street and Number.} Albion House

Cause of Death, First (Primary), cancer of the stomach

Second (Immediate), ...

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jany 23rd 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Henry Walker M. D.
Medical Attendant.

Address, 164 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81058

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 23 188

CERTIFICATE OF DEATH.

Date of Death, Jany. 22 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Baker

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 5-2 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,*

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Penn.

Duration of Residence in the City of Baltimore, 13 yrs. —

Place of Death, {Give street and number.} No. 5-0 Harrison St. —

Cause of Death, First (Primary,) Valvular disease of heart

Second (Immediate,) Don't know

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery Alexander Hill, M. D.

Medical Attendant.

Date of Burial, Jany 23rd 1885

Undertaker, Chas. F. Ernst & Co

Place of Business, Eager & Valley Sts Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on P...

Board of Health, City of Baltimore,

Permit No. 81059 — *Office of Registrar of Vital Statistics.* Ward 5 1E 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B.

CERTIFICATE OF DEATH.

Date of Death, January 22. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Young

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 165 N. Central Av.

Cause of Death, First (Primary),

Second (Immediate) Paralysis

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 24th 1885

Undertaker James P. Byrne

Place of Business, 53 N Front St *Address,* 35 E Baltimore St

I. W. Hoult M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81060 *Office of Registrar of Vital Statistics.* Ward 5½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Lovedays

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* 14 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 53 East st

Cause of Death, First (Primary), Hereditary Scrofula

Second (Immediate), Scrofula

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury over Green

Date of Burial, Jan 24th 1885

Undertaker, Wm et Dungee

Place of Business, 62 East. St.

E. C. Baldwin M. D.
Medical Attendant.

Address 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81061

Office of Registrar of Vital Statistics.

20 a

The Physician who attended any person in a last Illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McColm Margaret A.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 66 yrs

Place of Death, {Give street and number.} 454 N Monroe st

Cause of Death, First, (Primary.) Debility

Second, (Immediate.) "

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetary

Date of Burial, Jan 23th 1885

Undertaker, Denny & Mitchell

Place of Business, 550 N Fayette st

Archer Atkinson M.D.,
Medical Attendant.

Address, 119 N Charles st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81062 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, Jan. 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Smith

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 102 S. Exeter St.

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asthenia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, Jan 23d

Undertaker, Mr. Saunders

Place of Business, 25 Bank

G. G. Luck M. D.
Medical Attendant.

Address, Balto Mass. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81063 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gaffey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 11 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 11 W Cor Hanover & Pratt

Cause of Death, First (Primary), Acute Hydrocephalus

Second (Immediate), Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 23d 1885

Undertaker, Henry W. Means

Place of Business, 45 N Gay St

Geo E Speed M. D.
Medical Attendant.

Address, 1712 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81064 *Office of Registrar of Vital Statistics.* **Ward** 10½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Prag

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5-8 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give street and Number.} 35-5 Saratoga St

Cause of Death. First (Primary), ...

Second (Immediate), Carbuncle

Duration of Last Sickness, Fifteen (15) days

the above information should be furnished by the Physician.

Place of Burial, Hill Point N. Cemetery

Date of Burial, Jan 23

Undertaker Wm Eilau

Place of Business, 101 Gough *Address,* 112 N. Greene

Louis N. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81065 *Office of Registrar of Vital Statistics.* Ward 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, 21st January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Calvert P Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 145½ Montgomery st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 23/1885

Undertaker, Armstrong

Place of Business, 263 Light

H. W. Webster M. D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81066 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Marchetz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 276 S. Broadway

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan 24th 85

Undertaker, G. Frame

Place of Business, Frank & Wolf *Address,* 243 Aliceanna St.

J. Lin McKellegen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81067 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Hanahan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* ——— *Months.* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 67 Albemarle St

Cause of Death, First (Primary), Pertussis

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Lane

Date of Burial, January 24 1888.

Undertaker, Mitchell Kemp

Place of Business, 36 Bank St

E. K. Wiley M. D
Medical Attendant.

Address, 1957 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81068 *Office of Registrar of Vital Statistics.* **Ward** 15 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 2nd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Levin H. Jones

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 69 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Wharfinger

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Worcester Co.

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, { Give street and Number. } 229 Hanover St

Cause of Death, First (Primary),

Second (Immediate). Valvular Disease of Heart

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Jan 25th /85

Undertaker C. F. Krauser & Son

Place of Business, 209 Hanover.

Geo. H. Dixon M. D.
Medical Attendant.

Address, 229 E. Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81069 *Office of Registrar of Vital Statistics.* Ward 23 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 22d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sullivan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 yrs.

Place of Death, {Give Street and Number.} 166 Ramsay st.

Cause of Death, First (Primary), Pleuro-Pneumonia.

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie brea

Date of Burial, Jan 23rd

Undertaker, John J. Bowen

Place of Business, 89 Hoover st

J. G. Wilson, M. D.
Medical Attendant

Address, Fayette & Stockton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81079 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JAN 23 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Rich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

~~Age~~, ~~Years~~, 6 *Months.* ~~Days~~

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland (Balto)

Duration of Residence in the City of Baltimore. 6 mths

Place of Death, {Give Street and Number.} No 7 Carter Alley

Cause of Death, First (Primary), Spasmodic Laryngitis

Second (Immediate), Spasmodic construction of Glottis.

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 24/85

Undertaker, W H Dunger

Place of Business,

Edmund C. Gibbs M. D.
Medical Attendant.

Address, 136 E. Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81071 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

JAN 23 1885

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 1, 22, 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia Ann Emmons

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, { Give street and Number. } 47 Arlington ave

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 1 Week

At the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cem

Date of Burial, January 24

Undertaker, J B Cook

Place of Business, 707 W Baltimore

W. H. Eastman M. D., Medical Attendant.

Address, 349 East Pr

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8102 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 22nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore. Life-time

Place of Death, {Give Street and Number.} # 70 Block St

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Patricks cem

Date of Burial, Sun the 24

Undertaker, H. Rittaney

Place of Business, 253 E. Lombard st

John H. Rehburg M. D.
Medical Attendant.

Address, 1434 Aisquith St,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8173

Office of Registrar of Vital Statistics.

9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
JAN 24 1885
BALTIMORE MD

H

CERTIFICATE OF DEATH.

Date of Death, Jan. 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Behae

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, 27 years.

Place of Death, {Give street and number.} Maternite Hospital

Cause of Death, First, (Primary.) General Peritonitis

Second, (Immediate.) Failure of Respiration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, January 25 1885

Undertaker, Hercules Ross

Place of Business, 95 Lombard St

F. R. Nordmann M.D.,
Medical Attendant.

Address, Maternite Hospital

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8107-f

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Galbraith Jr

~~*Sex, Male or Female,*~~ {cross out the word not required in this line.} Galbraith

Age, 35 *Years,* *Months,* 4 *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Carpenter & Builder

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 404 N Eden St

Phthisis Pulmonalis

Cause of Death, First, (Primary,)

Second, (Immediate,)

Duration of last Sickness, Abou 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 25th

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 143 N Charles St

N. W. Kneas M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 81075

Office of Registrar of Vital Statistics.

Ward 8 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, January 22, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ford Lake

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 Years, 1 Months, 6 Days

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 259 Fremont Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Presbyterian Ce Chase & Gay sts

Date of Burial, Jan 24 th

Undertaker, H. C. Middlefield

Place of Business, 96 Fremont Ave

W. W. White, M. D.
Medical Attendant.

Address, 3619 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81076 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT NOV 24 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 22 January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. W. Feistzahn

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 47 *Years,* 6 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, saloonkeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. 30 years in U.S.

Duration of Residence in the City of Baltimore, 30 years in Baltimore.

Place of Death, {Give Street and Number.} W. Baltimore Street 481

Cause of Death, First (Primary), Consumption.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan. 25th 1885

Undertaker, P.H. Seewald

Place of Business, 35 S. Eutaw St *Address,* 205 W. Lombard St

L. F. Quinkard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81077 *Office of Registrar of Vital Statistics.* Ward 29 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, January 23 d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louise Spaller

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, white

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs

Place of Death, {Give Street and Number.} No 254 W Pratt St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), the same

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, Jan. 25th 1885

Undertaker, J. H. Seewald

Place of Business, 35 S. Eutaw St. *Address* 169 N Charles St

Wm Salzer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81078 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Arthur

~~Sex,~~ *Male or* ~~Female,~~ {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 2 Months

Place of Death, {Give Street and Number.} 16 Church St

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate), Lung Debility 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, January 25th

Undertaker, B. Hall

Place of Business, 82 West St *Address,* 50 Warren av

H. Biddle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81079

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1885

CERTIFICATE OF DEATH.

Date of Death, January 23d 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Belinda S. House

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~Sixty five (65)~~ Fifty five Years, ... Months, ... Days.

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 55 Years

Place of Death, {Give street and number.} 82 Pressman St Baltimore Maryland

Cause of Death, First (Primary,) Hydropericardium

Second (Immediate,) Paralysis of the Heart

Duration of Last Sickness, Hour & a half

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, Jany 25th 1886 — Jas H. Gaskins M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 230 W Baltimore St Address 221 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 81080 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 14 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 12th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Philip Gaul

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Musician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 1201 W. Fayette

Cause of Death, First (Primary), Apoplexy

Second (Immediate) Cerebral Hemorrhage, Paralysis 3 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, January 25/95

A. D. Smith M. D.
Medical Attendant.

Undertaker Geo. Engelhardt

Place of Business, 534 W. Fayette St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8108 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23 / 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Roberson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life months

Place of Death, {Give Street and Number.} 92 East at

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 24 / 1884

Undertaker, W W Madden

Place of Business, 46 East Pr

J. E. Lomax M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81084 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wiegcorst

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* 8 *Months,* 25 *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 1 E Co Bowdoin Eastern Ave

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forestburg Allegheny Co. Md. D.

Date of Burial, Jan'y 26th 1885

Undertaker, Wm E Nicolaus

Place of Business, 258 Alice Ann *Address,* 1 E Eastern Ave

J E Sloed M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3555 Farmer

[OVER.]

Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 81083 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN [illegible]

CERTIFICATE OF DEATH.

Date of Death, January - 23, 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm E. Dudley -

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 3 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and Number. } 197 Burgundy St

Cause of Death, First (Primary), Cerebral Meningitis

Second (Immediate), Coma

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jany 25th 1885

Undertaker Wm J Mackey

Place of Business, No 15 Canden St

H. Galbraith M. D.

Medical Attendant.

Address, 72 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 81084 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eggleston Bryant

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 290 N Stricker st.

Cause of Death, First (Primary), Infantile Convulsions

Second (Immediate). "

Duration of Last Sickness, a few hours

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 24 4 P.M.

Undertaker Wm E. Houghton

Place of Business, Pa ave

John A Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81085

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 24 1885

CERTIFICATE OF DEATH.

Date of Death, January 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfredo Gardner

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months,* 2 3 *Days.*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 37 L. Sharp St

Cause of Death { First, (Primary,) Phthisis Pulmonalis
, Second, (Immediate,) Apnoea

Duration of last Sickness, abnt 2½ months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial January 25 1885

Undertaker, Morgan & Pye

Place of Business, 13 & 15 Mulberry St

Eugene F. Hodell M. D.
Medical Attendant.

Address, 125 St. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

CERTIFICATE OF DEATH,

(To be Retained by Physician.)

81086

Date of Death, Jan 23rd 1885

Name of Deceased, Mary F. Waters

Sex, ~~Male or~~ Female,

Age, 27 days

Color, white

Married, Single, Widow or Widower,

Occupation,

Birthplace, City

Duration of Residence in B. C. Life

Place of Death, 70 D. Chestnut St

Cause of Death, First (Primary), Jaundice

Second (Immediate),

Duration of last Sickness, all its Life

REMARKS.

St. Patrick's Cemetery

Jan 24th 85

N. F. Brennan

Dr Benzinger

John Murphy & Co., City Printers and Stationers.

Board of Health, City of Baltimore,

Permit No. 81087 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1895 BALTIMORE, MD.

Date of Death, January 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Queen

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Irlande

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} Institution of the Little Sisters of the Poor

Cause of Death,
First (Primary),
Second (Immediate), Heart disease

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, 26 January

Undertaker Mr. Bloodsamp

Place of Business,

Jno Burke Ryan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81088 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 24 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Catharine Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} Widow

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Almost Life time

Place of Death, {Give street and Number.} 896 West Baltimore St

Cause of Death, First, (Primary,) Softning of Brain

Second, (Immediate,) Paralysis

Duration of Last Sickness, about 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Jan 26 1885 James Bowlsford M. D.,

Medical Attendant.

Undertaker, S. M. Leonard & Son

Place of Business, 752 W Baltimore *Address,* 195 Arlington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 81089 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1885 BALTIMORE MD

Date of Death, Jan 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saturnia Webster

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 1 *Months.* *Days*

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia Ten Years

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give Street and Number.} 28 Cooper St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, North Hampton Co Va.

Date of Burial, Jan 25 1885

Undertaker, Alex Kennedy

Place of Business, 116 Orchard St

W. H. Wilson M. D.
Medical Attendant.

Address, 1225 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3556 Transit

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81090 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JAN 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 24 Jan. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 241 Holliday

Cause of Death, First (Primary), Carcinoma of right mammary gland

Second (Immediate), Blood poisoning

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Jany 26th 1885

Undertaker M. Clark & Son

Place of Business, 92 S. Arch

John Hood M. D.
Medical Attendant.

Address, 574 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81091 ; *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 24 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Sydenham Bryant.

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* ..... *Months,* ..... 5 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 290 N Stricker st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, — —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 25th/85

Undertaker J E Monaghan & Co

Place of Business, 298 Penna Ave

Chas O Pennington *M. D.*
Medical Attendant.

Address, 134 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81092 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Entwerchter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* 3 *Months,* 24 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 118 Iceland St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Luthern Cem. D.H. Park

Date of Burial, Jan 26/85

Undertaker P J Dice

Place of Business, 163 Columbia Av *Address,* 136 Columbia avenue

Geo R Grahams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8193 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1885 BALTIMORE MD.

Date of Death, Jan 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Calvin Hanson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 321 Hamburg —

Cause of Death, First, (Primary,) Opium poisoning (accidental)

Second, (Immediate,) Paralysis of Respiratory Tract.

Duration of Last Sickness, Few Hours

All the above information should be furnished by the Physician.

Place of Burial, Sharpurt Cemetary

Date of Burial, January 24 1885

Undertaker, Hercules Ross

Place of Business, 75 Low Wayst

Geo. H. Evans M. D.,
Medical Attendant.

Address, 321 Hamburg

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8/094 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 24 1885

Date of Death, Jan 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Frances Heath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* 10 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, House Cleaner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 262 Fremont Ave

Cause of Death, First, (Primary,) Congestion of Brain

Second, (Immediate,) Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Jan 24/85

Undertaker, Hercules Ross

Place of Business, 95 Low West St

Geo. A. Graves M. D., Medical Attendant.

Address, 223 West Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 8095 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 21st January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Connish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 82 Plum alley

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Atrophy et Exhaustion

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 24 1885

Undertaker, Hercules Ross

Place of Business, 95 Low Wayne *Address,* 1416 Hill St.

L. D. Gaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8196 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frauziska Klein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* Six (6) *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 355 N. Caroline St

Cause of Death, First (Primary), Acute Meningetis

Second (Immediate), Eclampsia

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, January 26 1885

Undertaker, Henry Lorch

Place of Business, 309 Central Ave Address, 1 Eager St Fairville

Dr Kelmer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81097 — *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mary Jackson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower.~~ {Cross out the word not required in this line.} Child

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give street and Number.} 127 Thames St

Cause of Death,
First (Primary),
Second (Immediate). Congenital Syphilis

Duration of Last Sickness, 2

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, 26 January 1885

Undertaker John C Schuh

Place of Business, 261 Mulberry Address, 882 Balto St

A Knapp Sherwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Permit No. 81098

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Tick

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 6 *Months,* one *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Wife of Dr Tick

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Borne, Germany

Duration of Residence in the City of Baltimore, 34 ½ yrs

Place of Death, {Give street and number.} N. Broadway 64.

Cause of Death, First, (Primary.) 3 Paralysis

Second, (Immediate.)

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park Cem.

Date of Burial, Jan. 26th 1885

Undertaker, Ch. Ballell

Place of Business, 31 N. Frederick St *Address,*

Chas. H. Tick M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81099

Office of Registrar of Vital Statistics.

Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 188[illegible]

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Jan 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora McCoy

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, *Single,* ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 293 E. Monument St

Cause of Death, First (Primary), Old age

Second (Immediate), Indigestion Ossification of Heart valves

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemeteries

Date of Burial, January 26th

Undertaker, George Schilling

Place of Business, Ashland Square

E. C. Baldwin M. D.

Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8160 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 24. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Will. H Bartman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 15. *Years,* *Months,* *Days,*

Color, white.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} L. N. R'way. Canal & Jefferson Sts.

Cause of Death, First (Primary), Sclr. gastric.

Second (Immediate), Pyohus abdom.

Duration of Last Sickness, 4 weeks.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 26 Jan 1885

Undertaker Henry Hofman

Place of Business, 121 E. Eden St. *Address,* 517 Aisquith St

C. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8107 — *Office of Registrar of Vital Statistics.* — Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 25 1885

CERTIFICATE OF DEATH.

Date of Death, January 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Muehler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months.* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give Street and Number.} 18 20 N Eden st

Cause of Death, First (Primary), Brights disease

Second (Immediate), Uraemia

Duration of Last Sickness, over a year

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, Jan 25th 1885

Undertaker, Fred. Goode

Place of Business, 29 S. Eden st *Address,* 12 S. Eden st

L O Winternitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81102

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 24

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Lloyd Shuler

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ____ *Years,* ____ *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number} 462 N Gay St

Cause of Death, First, (Primary,) Spasms 1st (spasms)

Second, (Immediate,)

Duration of last Sickness, 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, Jan 26th 1883

Undertaker, Dodson, Finch

Place of Business, 461 N. Gay St

J E Shuler M. D.
Medical Attendant.

Address, 24 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(OVER)

Health Department, City of Baltimore.

Permit No. 8103 — *Office of Registrar of Vital Statistics.* — Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. L. R. Carrick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* — *Days*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 149 N. Chapel St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 25th 85

Undertaker, Thos. F. Locke

Place of Business, 72 Fulton St

G. F. Taylor M. D.
Medical Attendant.

Address, 284 N. 13th St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8104

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. JAN 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 23. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Coleman,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days.*

Color, Colored,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Servant,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, 15 Years,

Place of Death, {Give street and number.} 17 Mechanics Court,

Cause of Death, First, (Primary.) Pneumonia (Croupous)

Second, (Immediate.) Heat Exhaustion,

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Jan 25th 1885

Undertaker, Wm. N. Swope

Place of Business, 1062 East Balt St

F. A. Chambers M.D.,

Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81105 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Stewart

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months.* *Days*

Color, ed

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 Hardway Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Collapse

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Jan 25th 1885

Undertaker, Wm. A. Dunger

Place of Business, 1062 East St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8116 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 29 1885

CERTIFICATE OF DEATH.

Date of Death, Friday. Jan. 23rd. "85"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac N Day

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months.* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 14 N. Wolf St. near Gay St.

Cause of Death, First (Primary), Laryngitis & Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician,

Place of Burial, Woodberry Co. County

Date of Burial, Jan 25th 1885

Undertaker, Wm. N. Dunzer

Place of Business, 1062 East 21

Wilmer Brinton M. D.
Medical Attendant.

Address, 6 Chase St. & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8107 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jan ~~Feb~~ 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Diblee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months.* *Days*

Color,

Married, ~~*Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 29 N ~~ff~~ Carlton ave Collington Ave

Cause of Death, First (Primary), Pulmonary Abscess

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemet

Date of Burial, January 26 1885 C. Hall Courtney M. D.

Undertaker, John Kerrigan ~~Medical Attendant~~ Coroner

Place of Business, 382 Orleans St *Address,* 29 N Carlton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8768

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Death

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 172 S Charles St

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetery

Date of Burial, January 25 1885

Undertaker, John Hennig

Place of Business, 882 Orleans St

Reuben Carter M. D.
Medical Attendant.

Address, 1116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8109 — *Office of Registrar of Vital Statistics.* — Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 1885

CERTIFICATE OF DEATH.

Date of Death, Jan. 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank Gaither Loflin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 4 Months, 10 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} S. E. Cor. Pratt & Chester sts.

Cause of Death,
First (Primary), Marasmus
Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, January 26th 1885

E. P. Irons M. D.
Medical Attendant.

Undertaker, Denny & Butterfield

Place of Business, 668 Broadway Address, 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8116 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 25 18

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Briscoe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months.* *Days*

Color, Welsh

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 2 Welsh al-

Duration of Residence in the City of Baltimore, Same time

Place of Death, {Give Street and Number.} 2 Walsh al

Cause of Death, First (Primary), Cerebral Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Jan 25th

Undertaker, Arnold Bros

Place of Business, 93 Eastern Av

W H Grimm M. D.
Medical Attendant.

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81111 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial [illegible] be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Jane Thomas

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 6 weeks *Days*

Color, colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 54 Sarah ann st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 54 Sarah Ann st

Cause of Death, First (Primary), Suddenly of

Second (Immediate), heart disease

Duration of Last Sickness, half hour

All the above information should be furnished by the Physician.

Place of Burial, Sharpe st Cemetery

Date of Burial, Jan 27 1885

Undertaker, Alex Hemsley

Place of Business, Orchard st

Wm A James M. D.
Coroner Medical Attendant.

Address, 226 Hanover st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8114 — *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Topping

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chester, Pa.

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give Street and Number.} #25 Courtland Street

Cause of Death, First (Primary), Croup -

Second (Immediate), ...

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 26th 1885

Undertaker, [illegible]

Place of Business, [illegible]

Saml T. Powell M. D.
Medical Attendant.

Address, #29 Hisgath St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81113

Office of Registrar of Vital Statistics.

5

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 25

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. Monroe

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 35 *Years,* 11 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. { Cross out the word not required in this line. }

Occupation, Furniture Dealer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give street and number. } 420 E. Monument St

Cause of Death, First, (Primary.) Consumption

Second, (Immediate.) Exaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Jan 27/85

Undertaker, Rice & Gay

Place of Business, 81 N Eutaw

Geo Barkman M.D.,
Medical Attendant.

Address, 380 E. Fayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8111 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Jan. 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Murray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 90 *Years,* — *Months,* — *Days*

Color,

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, About 80 years

Place of Death, {Give Street and Number.} N. E. corner of Richmond & Park Avenue

Cause of Death, First (Primary), Old age

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Jany 26/1885

Undertaker, Denny & Whitelock

Place of Business, 550 W. Fayette St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Hardaway & Saratoga Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81115 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 25 /15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Car driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} X 7 Wilkens ave

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, Three (3) Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 26

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore St

H. L. Rice M. D.
Medical Attendant.

Address, 917 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 1885

Permit No. 81116

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 24/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George M. Goodmuth

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* 14 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} No 1 Kirby's Lane Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} " " " "

Cause of Death { First, (Primary,) Diphtheria
Second, (Immediate,) "

Duration of last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan. 26 85

Undertaker, J. B. Cook

Place of Business, 707 N. Balto St

I Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 81117

Office of Registrar of Vital Statistics. 7

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Hart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days.*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 275 N Durham St

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number.} 275 N Durham St

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Asphyxia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, N. Alphansus Cem.

Date of Burial, January 26/85

Undertaker, Frank Couch & Co.

Place of Business, 249 N. Durham

E George Walls M.D.,
Medical Attendant.

Address, 86 W Preston St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81118 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McGinnis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland (38 yrs in Am.

Duration of Residence in the City of Baltimore, 38 years.

Place of Death, {Give Street and Number.} St. Agnes Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthma

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jany 27th 1885

Undertaker, M. Clark & Son

Place of Business, 92 E. Pratt

Oscar J. Cookey M. D.
Medical Attendant.

Address, 1887 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 8119 *Office of Registrar of Vital Statistics.* Ward 1 of 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JAN 26 1895 BALTIMORE

Date of Death, Jan 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Hall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomack County Virginia

Duration of Residence in the City of Baltimore, About 58 Years

Place of Death, {Give street and number.} No 507 Saratoga St near Strobe

Cause of death, First, (Primary,) Chronic Pneumonia

Second, (Immediate,) Consumption (Pulmonary)

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, Accomack County Virginia

Date of Burial, Jan 27

Undertaker, Walter Immel

Place of Business, 315 N. Bridle

James F. Stults M. D.,
Medical Attendant.

Address, No 134 Hart St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3557 Immel [OVER.]

Health Department, City of Baltimore.

Permit No. 81120 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 26 1895

Date of Death, Jan 25th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Townsend

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 236 Lexington St

Cause of Death, First (Primary), Mania - Cardiac Insufficiency

Second (Immediate), Cerebral Hemorrhage

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Jan 27

Undertaker, J B Cook

Place of Business, 707 W Baltimore

Gustav Robert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 2112 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25 1898

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 160 Jack St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st

Date of Burial, 26 Jan 1898

Undertaker, G W Perkins

Place of Business, 221 Hamburg *Address,*

C W Gill Corp *M. D.*
Medical Attendant
211 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81122 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
JAN 26 1885

Date of Death, January 25th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elisabeth Bell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 117 S. Poppleton St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Jan 27/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St, *Address,* 226 Mulberry St.

L. C. Hom M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81123 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm F. Holthaus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N° 27 Bird St

Cause of Death, First (Primary), Cerebral apoplexia

Second (Immediate), The same

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Jan. 26 1885

Undertaker, M. A. Dauger

Place of Business, 74 S. Bway

Henry Schuer M. D.
Medical Attendant.

Address, Reg N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81124 *Office of Registrar of Vital Statistics.* Ward 1 11/14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Murray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Gone for many years

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 47 Eliza St

Cause of Death, First (Primary), a Tumor of enormous

Second (Immediate) size involving the entire left

side of chest 10 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Jan. 27. 1885

Undertaker, M. A. Dayer

Place of Business, 74 S. Bway

E. Goldsmith M. D.
Medical Attendant.

Address, 98 Eliza St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81125 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Penne

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 109 N Broadway

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate), Extreme exhaustion

Duration of Last Sickness, Last six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, January 26/85

Undertaker, M. A. Bayer

Place of Business, 748 Eden St

Miles ——— M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81126 *Office of Registrar of Vital Statistics.* Ward 10 "7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 25 January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz A. Grefhoff

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 64 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, silversmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - 40 yrs in U. S.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 69 Pearl Street

Cause of Death, First (Primary), Bronchopneumonia

Second (Immediate), Dyspnoea

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 27th 1885

Undertaker, H. Lewis Schaefer

Place of Business, 109 N Fenton St *Address,* 205 N Broadway

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8112 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie A Murray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 80 Hill Street

Cause of Death, First (Primary). Pulmonary Consumption

Second (Immediate). Exhaustion

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 28th 1885

Undertaker F. Louis Schaefer

Place of Business 109 N Greenmount Address, 910 Hanover St.

Augustus W Dodge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81128 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1885

C

CERTIFICATE OF DEATH.

Date of Death, January 24. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Hutton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 57 Johnson st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia (Chronic)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, January 27

Undertaker, B. Hark

Place of Business, 82 West St

Thomas Latta M. D.
Medical Attendant.

Address, 41 S Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81129 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lizzie ~~Baptiste~~ Hanna

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 89 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 479. Franklin

Cause of Death, First (Primary), Chronic Bronchial Catarrh

Second (Immediate),

Duration of Last Sickness, 4 or 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral

Date of Burial, Jan 27th 1885

Undertaker, Matthew Cadogan

Place of Business, 227 Baltimore St

Chas F. Needles M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81130 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Thomas Green

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* ..... One *Months,* 17 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

~~Occupation~~, ~~———~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, All life

Place of Death, { Give street and Number. } 110 Fulton ave

Cause of Death, { First, (Primary,) Marasmus
Second, (Immediate,) All life

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Jan 26th 1885

Undertaker, Jos F Byrne

Place of Business, 57 N Schroeder

W. W. Wright M. D., Medical Attendant.

Address, 221 W Lemmon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9 74

Permit No. 81131

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JAN 26 1885

CERTIFICATE OF DEATH.

Date of Death, Jany. 22 — 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. Sturm

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 55 *Years,* — *Months,* *Days.*

Color, Wht. *Sex,*

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Sailor

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, About 17 yrs.

Place of Death, { Give street and number. } City Hospital

Cause of Death, First (Primary,) Fract. skull from bullet wound

Second (Immediate,) Hemorrhage & Cerebral laceration

Duration of Last Sickness, 3½ hrs.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Jan 26th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Alexander Hill M. D.
Medical Attendant.

Address Corner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

Health Department, City of Baltimore.

Permit No. 81132 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. Paul

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 103 Leadenhall st

Cause of Death, First (Primary), Intestinal Obstruction

Second (Immediate), Enteritis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 27th 1885

C. L. Buddenbaum M. D.
Medical Attendant.

Undertaker, Bernard Kane

Place of Business, Ward 8th *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81133 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Thompson
Sarah
Y

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days,*

Color, C.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore 76 Years

Place of Death, {Give street and Number.} 112 Holliday

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion Coma

Duration of Last Sickness, Four (4) days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Jan 25-1885

Undertaker W W Medders

Place of Business, 76 East St

Whitefield Murray M. D.
Medical Attendant.

Address, 112 Holliday

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 8113 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 26 1885

a

CERTIFICATE OF DEATH.

Date of Death, Jany 24' 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emory J. Gladden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Easton Talbot Co

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} S Carlton St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) .....

Duration of Last Sickness, about 3 Years

All the above Information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, Jan 26th 1885

Undertaker, Wm. V. Cuyer

Place of Business, 1062 East St

A Hodson M. D.,
Medical Attendant.

Address, 843 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 81135 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, January 23

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Donnely

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days,*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Irlande

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Hosp[ital] of the Little Sisters of the Poor

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, January 27

Undertaker Mc Bloodcamp

Place of Business, *Address,*

Geo Burke Bayle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81136 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Catharine Geise

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death. {Give street and Number.} No. 209 E. Lombard St.

Cause of Death. First (Primary), Typho-malaria fever

Second (Immediate),

Duration of Last Sickness, 64 days

the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Jan 27th 1885

Undertaker Fred Gaede

Place of Business, 27 S. Caroline

Wm. H. Smith M. D.
Medical Attendant.

Address, 281 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81137 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1895

CERTIFICATE OF DEATH.

Date of Death, Jan 24th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin H. Stahlman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 820 E. Lombard St.

Cause of Death, First (Primary), Consumption 7 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan 26th 1895

Undertaker, Fred Gaede

Place of Business, 218 S. Caroline St *Address,* [illegible]

John B. Hemmeter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81138 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 26 1895

CERTIFICATE OF DEATH.

Date of Death, January 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Kapp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 366 Hamburg St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Jan 28th 1895

Undertaker, Fred Eade

Place of Business, 29 S. Caroline

I. C. Burch M. D.
Medical Attendant.

Address, 15 Hamburg St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81139 *Office of Registrar of Vital Statistics.* Ward 19 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosalie Blanch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 149 N Mount St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, Dys Days.

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem

Date of Burial, Jany 27-85 J W Wright M. D.,

Undertaker, Geo W Mitchell & W Wright Medical Attendant.

Place of Business, 567 W Fayette *Address,* 221 N Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8147 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Clark

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 713 Burgundy Alley

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, January 2 1885

Undertaker, Geo Chas Ross

Place of Business, 73 Low Wayne Address, 210 Sharp St

W. S. Bozé M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8141 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1885

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Lonoske

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 3 Nelson Court

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Pneumonia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jany 27/85

James A Steuart M. D.

Undertaker, F. Crouch & Co

~~Medical Attendant.~~ Coroner

Place of Business, 249 W Pratt *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81142 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Klutka

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *Months.* 3 weeks *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 123 N Washington

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, all her life

All the above information should be furnished by the Physician.

Place of Burial, St Alysius Cemetri

Date of Burial, January 27 1885

Undertaker, John Henning

Place of Business, 582 Orleans St. *Address,* 375 E. Balto. St.

E. L. Sons M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81143 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rauh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 20 Years

Place of Death, {Give Street and Number.} 24 Caroline St

Cause of Death, First (Primary), Senile Debility

Second (Immediate), ...

Duration of Last Sickness, 2 6 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 28th 1885

Undertaker, John Hennig

Place of Business, 352 Orleans St

E. Williams M. D.
Medical Attendant.

Address, 52 Eleventh St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8114 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E Barker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} Cor. Tenant St & Fulton Ave.

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Jan 27th 1885

Undertaker Henry W. Means

Place of Business, #45 N Gay St

J. E. Urquhart M. D.
Medical Attendant.

Address, Gilmor & Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81145

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1885 11.15 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Bond

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 66 years *Years,* Seven *Months,* 7 *Days.* 4

Color, White *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Merchant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt^o City

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, {Give street and number.} # 99 N Bond St.

Cause of Death, First (Primary,) Degeneration of Arteries of Medulla Oblongata

Second (Immediate,) Asphyxia

Duration of Last Sickness, Seven days weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 28th 1885

Undertaker, Henry W. Means

Place of Business, # 45 N Gay St

N. G. Keirle M. D.
Medical Attendant.

Address 248 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 81146 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jany 25th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richd Stewart

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 3 *Years,* *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 230 Vine St City

Duration of Residence in the City of Baltimore, 3yrs (nearly)

Place of Death, {Give Street and Number.} 230 Vine St

Cause of Death, First (Primary), Pneumonia & Neglect

Second (Immediate),

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27th 1885

Undertaker, Wm N. Dunfee

Place of Business, No 62 East St

L. L. Pilling M. D.
Medical Attendant.

Address, 467 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8147 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jun 22d. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Riley.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 38 *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.} Single

Occupation, Dress Maker.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} King William Co Va

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give street and Number.} #611 Bruce & Alley

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, King Williams Co Va

Date of Burial, Jan 27th 1885.

Undertaker, Wm. N. Dwyer

Place of Business, No 62 East-Al

Jno. H. Walker M. D.,
Medical Attendant.

Address, Cor Gilmore & Bu[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3559 Hanover

Board of Health, City of Baltimore,

Permit No. 81148

Office of Registrar of Vital Statistics. 19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes B. Shannon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} Saratoga & Bruce Sts

Cause of Death, First, (Primary.) Diabetes Insipidus

Second, (Immediate.) Extreme emaciation - Debility

Duration of Last Sickness, Said to be 10 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters

Date of Burial, January 28th 85

Undertaker, J. Cadogan

Place of Business, 227 Madison St

Anthony Brewer *M.D.,*
Medical Attendant.

Address, 68 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8749 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Heidelberger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Wholesale Clothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Burgsim Bavaria Germany

Duration of Residence in the City of Baltimore. Sixteen years

Place of Death, {Give Street and Number.} No 358 Madison Ave

Cause of Death, First (Primary), Cirrhosis of the Liver

Second (Immediate), Disease of Heart & Dropsy

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Loyd St Synagogue Cemetery

Date of Burial, 28th

Undertaker, Hartsfield & Sons

Place of Business, 1711 Mott St

Thomas Scherer M. D.
Medical Attendant.

Address, No 97 E. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8115 0 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Wilkens

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} E-37 Lehigh St.

Cause of Death, First (Primary), Paralysis

Second (Immediate), old age Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Dalto Cemetery

Date of Burial, Jan 27 85

Undertaker, L Rau

Place of Business,

James A Clemm M. D.

~~Medical Attendant~~.

Address, Comptroller & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Chas L. Fichtner Sanitary Contractor

Health Department, City of Baltimore.

Permit No. 8115 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26 January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Katie Powers.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* — *Months.* — *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 76 E. Pratt St.

Cause of Death,
First (Primary), acute Tuberculosis
Second (Immediate), asthenia

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon~~ Park Cemetery

Date of Burial, January 28th 1884

Undertaker, Henry A. Mitchell

Place of Business, 65 S. Broadway

B. F. Leonard M. D.
Medical Attendant.

Address, 2 or 4 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81152 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Kunkel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Actor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 233 E. Fayette st

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Thrombosis (probable)

Duration of Last Sickness, not 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 28th 1885

Undertaker, Denny & Butchert

Place of Business, 65 S Broadway

Wm N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81153 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wernig

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months.* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 348 Aisquith st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 5 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Jan 28th 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Central av

James A Clemens M. D.

~~Medical Attendant.~~

Address, Cumgrs. M

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector [OVER.]

Health Department, City of Baltimore.

Permit No. 81154 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 172 S. Charles

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 28 1885

Undertaker, Armstrong Bros

Place of Business, 763 Fulton

Medical Attendant. M. D.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81153 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. P. Ready
Edwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4/8 *Years,* 3 *Months.* 20 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boyman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md "

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 822 W. Pratt St. + Hospitals

Cause of Death, First (Primary), Hypertrophy of Heart, Congestion of the Lungs

Second (Immediate), Uremia & Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jan 28 1885

Undertaker, Chas Ly Chas

Place of Business, 262 Lytle

Howard Cote M. D.
Medical Attendant.

Address, 416 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8756 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 27 1885

B

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Lavinia Meyers

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Female

Age, 51. *Years,* ..... *Months,* ..... ~~Days~~

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city / Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 82 Stiles st

Cause of Death, First (Primary), (Osteo Sarcoma) of the Breast

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 27 - 1885

Undertaker, W. M. Watson

Place of Business, 46 East St

Thomas B. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8157 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 26th January 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Litersa

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Alice Anna Street 158

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, During lifetime

All the above information should be furnished by the Physician.

Place of Burial, R.C. Cemetery Gunpowder

Date of Burial, January 27 85

Undertaker, Frank Leach & Co

Place of Business, 215 Saint Paul St

William Hemel M. D.
Medical Attendant.

Address, E. Wolfe St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81158 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 26/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} H. S. Knox

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* ... *Months.* ... *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dublin Ireland.

Duration of Residence in the City of Baltimore, 38 Years.

Place of Death, {Give Street and Number.} 521 Mount St

Cause of Death, First (Primary), Scalp Injury from Fall

Second (Immediate), Effusion of Brain

Duration of Last Sickness, one Week.

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, January 28

Undertaker, Walter Immel

Place of Business, 315 N. Eddy St. *Address,* 193 Presbman

E. F. Innes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81159

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Harriet Blackston January 25 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Blackston Blackstone

Sex, Male or Female, {cross out the word not required in this line.} Female.

Age, 16 *Years,* ..... *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Domestic

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Annapolis Md.

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give street and number} 28 Eagle Alley (rear)

Cause of Death, First, (Primary,) Lung disease about 2 month ago.
Second, (Immediate,) Pleurisy Pneumonia 1 week. Phthisis tuberculosis 1 week under treatment

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jany 27th 1895

A. Hartman M. D.
Medical Attendant.

Undertaker, Wm J Gray

Place of Business, 65 Mulberry St

Address, 44 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 8116 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Frohlinger

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France — 35 yrs. in America

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 383 E. Baltimore St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, Jan 29th 85

Undertaker, G. Franz

Place of Business, Franz & Wolfe *Address,* 188 N. Calvert St

Oscar H. Kim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81161 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Jeppis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} No 13 Indiana Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Jan 28th 85

Undertaker, G. Trance

Place of Business, Davis & Wolfe St *Address,*

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81162 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Silden

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* ~~*Months,*~~ *Days*

Color, Wht.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 59 S. Chapel

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Infanticide

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, Jan. 28th 1885

Undertaker, G. Frame

Place of Business, Bank & Wolfe Sts. *Address,* 245 S. Paca

J. Guthrie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81163 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Stein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labour

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 70 St. Paul Street

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas, Com

Date of Burial, Jan 29th 85

Undertaker, G. France

Place of Business, 9 Jones Wolfe Ln *Address,* 341 Broadway

H. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81164 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna M. Grimes.

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 50. *Years,* *Months,* *Days,*

Color, White.

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pennsylvania.

Duration of Residence in the City of Baltimore, 3 Years.

Place of Death, { Give street and Number. } 262 Madison Ave

Cause of Death, First (Primary), Angina Pectoris.

Second (Immediate), " "

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, January 28th 1885

Undertaker STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

John L. R. Stroud M. D.
Medical Attendant.

Address, 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81165 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jan 25. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Filoegel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 5 *Months.* 20 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 391 Eastern Ave

Cause of Death, First (Primary), Pathogenic Fever a 4

Second (Immediate), Pneumonia

Duration of Last Sickness, Twenty one days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jany 27. 1885

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Ave

G. G. Lenk M. D.

Medical Attendant.

Address, Balt. & Hart. Rds.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8166 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L. Hooper (mother's name)

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 2 hours Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 15 S Bethel St

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 28th 85

Undertaker, John Lake

Place of Business, Balto & Laurel Sts

Jno A Steiner M. D.
Medical Attendant.

Address, Camp 6, Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex 67

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Chas O. Fitzpatrick Sanitary Inspector

KODAK SAFETY FILM

Board of Health, City of Baltimore.

Permit No. 81167 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 27 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} A. M. Lawrence

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 101 E Madison St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 28 th

Undertaker H. C. Winterfield

Place of Business, 70 Guilford Ave

J. H. Robinson M. D.
Medical Attendant.

Address, 157 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81768 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 27th January 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Winternitz.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 4 *Months,* 8 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married.

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia.

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 72 Columbia Avenue.

Cause of Death, First (Primary), Valvular Disease of Heart.

Second (Immediate),

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Jan 29th

Undertaker, Jos. Schaefer

Place of Business, No 150 Camden Address, Fayette & Fremont Sts.

N. M. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8769 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan'y 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leah Ellis

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 6 *Months.* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md.

Duration of Residence in the City of Baltimore, 69 years

Place of Death, {Give Street and Number.} 146 York St

Cause of Death, First (Primary),

Second (Immediate), Paralysis.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan'y 28th 1885

Undertaker, Saml W Chase

Place of Business, 195 S. Howard St *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8170 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert F. Frisby

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Marine Capt

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Port Maine

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} L. M. Johnsons Coal Pier

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Port. Me.

Date of ~~Burial~~ Removal, Jan. 27 '85

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Ino A Bell M. D.

~~Medical Attendant~~ Coroner

Address, 611 E Shank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Transit 3576

Health Department, City of Baltimore.

Permit No. 8771 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 26, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Graham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give Street and Number.} No 102 Eutaw st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Jan 28th 1885

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline st

D. Hyde M. D.
Medical Attendant.

Address, 210 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8172 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Edward Smith

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 30 *Years,* 3 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Md

Duration of Residence in the City of Baltimore, Twenty Seven Years

Place of Death, {Give Street and Number.} 102 N. Arch St

Cause of Death, First (Primary),

Second (Immediate), Hemoptysis

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 29

Undertaker, Chas S Fry

Place of Business, 810 Broadway

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81173 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Proctor

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One Year, Two Months, Nine Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 286 Jefferson Street

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Jan 28/85

Undertaker, Jno S. Fry

Place of Business, 67 N Broadway

Wm H. Clendinen, M. D.
Medical Attendant.

Address No. 102 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81174 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Swisler.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 12 *Months.* 5 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 84 Johnson St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Pericarditis.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Ft Alfons [illegible]

Date of Burial, January 29

Undertaker, B. Wall

Place of Business, 41 West St.

R. J. N. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81175 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 23 1885
BALTIMORE MD.

Date of Death, Jan 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sybil Jane Nelson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 ? *Years,* 5 *Months,* 1 *Days*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, unknown

Place of Death, {Give street and Number.} 13 Cooksie Street

Cause of Death, First (Primary), Syphilitis

Second (Immediate), Peri Syphilitis

Duration of Last Sickness, 30 days

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, January 28

Undertaker B. Ward

Place of Business, 82 West ~~Pratt~~ *Address,*

Wm U. Barnes M.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause, [illegible] date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Date of Disease on Back of Cert.

Board of Health, City of Baltimore.

Permit No. 81176 *Office of Registrar of Vital Statistics.* **Ward** 5-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

HEALTH DEPT. JAN 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Coley Brown

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* five *Months,* one *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Infant

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 124 Low St

Cause of Death, First (Primary), Dentition

Second (Immediate), Inflamation of Brain

Duration of Last Sickness, Two Weeks

All the above info matter should be furnished by the Physician.

Place of Burial, Russian Cemetery, Belair Road

Date of Burial, January 28

Undertaker Jacob Athens

Place of Business, 31 Hugh St *Address,* 66 Augusta

W. Schirmer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81177 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

JAN 28 1885
BALTIMORE, MD.

Date of Death, Jan. 27/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Fry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 206 E. Ann St.

Cause of Death, First (Primary), Diphtheria Malig.na

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Fell Point H Cemetery

Date of Burial, January 28

Undertaker, W. Eiban

Place of Business, 101 Gough St *Address,* 55 So Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81178 *Office of Registrar of Vital Statistics.* Ward 16 2/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JAN 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jeannette C. Stumit

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 139 S Fremont

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Jan 28 /85

Undertaker, Wm J. Tickner

Place of Business, 65 S Eutaw Address, 76 S Paca St

C. H. Cuenay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81179 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 28 1885

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Bathe

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 49 Hoyler St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cem

Date of Burial, Thursday January 29 85

Undertaker, F. Gaethe

Place of Business, S. Caroline St *Address,* 152 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 81180 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF STATISTICS
JAN 29 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 27th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Helmling.

~~*Sex,* Male or~~ *Female.* {Cross out the word not required in this line.}

Age, ~~Days~~ *Years,* 81 *Months,* 2 22 *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanover. Penna

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give street and Number.} # 208 Argyle Ave

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Jan 29th 85

Undertaker Wm Weaver

Place of Business, 202 N Eutaw

John G. Huck M. D.
Medical Attendant.

Address, Townsend & Argyle Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over]

Health Department, City of Baltimore.

Permit No. 8/181 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1-27-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Baine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, *Years,* Eight *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, 8 mo.

Place of Death, {Give Street and Number.} 54 Lancaster Court

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, January 28 1885

Undertaker, Morgan & Pye

Place of Business, 9 Mulberry St

Caroline E. Smith M. D.
Medical Attendant.

Address, 253 Carrollton ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81182 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Latitia Hall

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 37 — *Years,* 00 *Months,* 00 *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give street and Number.} 1 Wilmer alley

Cause of Death,
First (Primary), Cancer of Mammary gland
Second (Immediate), "

Duration of Last Sickness, Two years & Six months

All the above information should be furnished by the Physician.

Place of Burial, Camp field Balto Co

Date of Burial, Jan 29 1885

Undertaker Alf Hemsley

Place of Business 116 Orchard st

Silas Bowman M. D.
Medical Attendant.

Address, 132 Lanvale st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81183. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Phipps

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 18 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~18 Warder St~~ Maryland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} 18 Warder St

Cause of Death, First (Primary), Natural

Second (Immediate), Erysipelas with ~~[illegible]~~ Stomach disease

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury M. E. Church Yard.

Date of Burial, Jan 29th

Undertaker, D. Flynn

Place of Business, 109 West St.

J. A. Utley M. D.
Medical Attendant.

Address, 195 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8114 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Earhardt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months.* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty years

Place of Death, {Give Street and Number.} 279 S. Bond St.

Cause of Death, First (Primary), Typhoid-Malarial Fever

Second (Immediate),

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Myers Cem

Date of Burial, Jan. 29th 85

Undertaker, Wippell

Place of Business,

John H. Rehburg M. D.
Medical Attendant.

Address, 2143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81185 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Deaver

w

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 282 Hamburg St.

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, January 29 1885

Undertaker, Hercules Ross

Place of Business, 75 Lan Wayst

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81186 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman H. Reiter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 52 Years

Place of Death, {Give Street and Number.} No 19 N Caroline

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, January 29th 1885

Undertaker, John Tabbe

Place of Business, 166 W. Balto St.

E. Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Baltor

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8787 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Creamer

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 185 S. Chester St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Jany 29. 1885

Undertaker, H. Hudel & Son

Place of Business, 252 Canton Ave

Nicholas Dalrell, M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 61188 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

JAN 28 1885 BALTIMORE MD

Date of Death, Jan. 28/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Ahlotz.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* ... *Months,* 1 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Hepatization of lung.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Jan. 29/85

Undertaker, Frank McVeigh.

Place of Business, Risin & Townsend

R. McG. Goldsmith M. D.
Medical Attendant.

Address, Hanover, Carroll.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81189

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 28 1885 BALTIMORE MD.

Date of Death, Jan. 27/85 –

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herdine.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 1 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Jan. 29/85 –

Undertaker, Frank McVeagh –

Place of Business, Division & Fremont.

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81190 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, Jan 27th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Isadore Olivia Albright

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 16 *Years,* 4 *Months,* 24 *Days.*

Color. White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} 142 Columbia avenue

Cause of Death

First (Primary), Idiopathic Peritonitis and Enteritis

Second (Immediate), Asthenia

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Jan 30/85

Undertaker J S Mackey

Place of Business, Camden & Paca Sts *Address,* 136 Columbia avenue

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81191 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 29 1885

a

CERTIFICATE OF DEATH.

Date of Death, Jan: 28, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Portefa Brao

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~4~~ *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chicago, Ill.

Duration of Residence in the City of Baltimore, four months

Place of Death, {Give Street and Number.} 322 N Durham St

Cause of Death, First (Primary), Laryngitis

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, January 29, 1885

Undertaker Frank Creech & Co.

Place of Business, 249 N. Durham

W. W. White M. D.
Medical Attendant.

Address, 319 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81192 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Chase Woods

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, about 35 years

Place of Death, {Give street and Number.} 86 Townsend st

Cause of Death, First, (Primary,) Obstruction of Bowels

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, Jany 30/80

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

C Winslow M. D.,
Medical Attendant.

Address, 23 N Gallow St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore.

Permit No. 81193 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Snyder

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give street and Number.} 70 Ridgley St

Cause of Death, First (Primary), Cirrhosis of the Liver

Second (Immediate). Hemorrhage from the Lungs

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Laudenpark Cem

Date of Burial, Jan 30th 1885

Undertaker Julius Koelle

Place of Business, Sharp & Cross Sts *Address,* 116 Howard St

Thos Corbett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81194 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Jr Hohlbein.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months.* 16 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 235 Ballen Av.

Cause of Death, First (Primary), Morbid Dentition

Second (Immediate), Convulsions.

Duration of Last Sickness, about 1 hours.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Jan 30th 1885

Undertaker, Ernst & Schlosser

Place of Business, 141 Sharp St. *Address,* 152 Sharp St.

R. J. N. Tall. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81195 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Edward Schmitt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 833 S. Chapel St.

Cause of Death, First (Primary), Convulsions (Don't know cause)

Second (Immediate), "

Duration of Last Sickness, two and a half days

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 29th

Undertaker, H. Leipel

Place of Business,

E. P. Evans M. D.
Medical Attendant.

Address. *375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81196 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, January 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Yanger

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 75 Park St

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Marasmus

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Jan 30th

Undertaker, H. Lippel

Place of Business,

A. F. Erich M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81197 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28 - 1885 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. H. Mundesley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 45 - *Years,* 11 *Months,* 2 - *Days*

Color, White -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Painter -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 29 y.

Place of Death, {Give Street and Number.} 121 N. High st.

Cause of Death, First (Primary), Phthisis (tuberculosis of lungs)

Second (Immediate), Asthenia.

Duration of Last Sickness, about 2 y.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 30th

Undertaker, George Schilling

Place of Business, Ashland & Lyman

D. Steele M. D.
Medical Attendant.

Address, 148 N. Gay st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81198 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Harry Augustus Leigh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 4 *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Student

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hagerstown, Maryland

Duration of Residence in the City of Baltimore, 5 months.

Place of Death, {Give Street and Number.} 330 Madison Ave

Cause of Death, First (Primary), Neuralgia of Stomach

Second (Immediate), Convulsions & Coma

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, Jan 29th 1885

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

H. B. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3562 Grant [OVER.]

Health Department, City of Baltimore.

Permit No. 81199 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Salubeke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 295 S Durham St.

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Jan 29th/85

Undertaker, John Bacon

Place of Business, 224 S Bethel

James A Lewis M. D.

~~Medical Examiner.~~

Compton

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Burden

[over.]

Health Department, City of Baltimore.

Permit No. 81200 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jan" 28" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan. Plater

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, About 33. *Years,* ..... *Months,* ..... *Days*

Color, Black.

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 195 Hughes St

Cause of Death, First (Primary), Cold.

Second (Immediate), Pneumonia

Duration of Last Sickness, 3. Months

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cem

Date of Burial, Jan" 29" 1885

Undertaker, Geo W Perkins

Place of Business, 221 Henrietta St

James A Clemens M. D.

Comm" of Health & Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning = Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81201 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan' 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hyton Duncan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northampton Co Va

Duration of Residence in the City of Baltimore, 1/2 Year

Place of Death, {Give street and Number.} 2 Wilcox Court

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Consumption

Duration of Last Sickness, 7 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 28th 1885

Undertaker, Wm M Guyer

Place of Business, 1062 East St

J. G. [illegible] M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81202 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

JA. 29 1885

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Knight

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Inv 35, Douglass Al-

Cause of Death, First (Primary), Malania, Fever-

Second (Immediate), Typhoid, Malania

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29th 1885

Undertaker, Wm A Dugan

Place of Business, 1062 East St

W. L. Russell M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 81203 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Nelson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give Street and Number.} 94 Fort av

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, January 30

Undertaker, B. Hall

Place of Business, 82 West St

O. A. Cusko M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8120 / *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Steiner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 15 Marshal

Cause of Death, First (Primary), Consumption

Second (Immediate), do

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, January 30

Undertaker B. Mull

Place of Business, 42 West St

James Bacon M. D.
Medical Attendant.

Address, Arlington Ave & Mosher St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81205 *Office of Registrar of Vital Statistics.* Ward 13 Cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, January 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Spencer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} "

Age, 35. *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 7 Bartlett St

Cause of Death, First (Primary), ~

Second (Immediate), Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan 30/85

Undertaker, P J Dee

Place of Business, 183 Columbia Ave

D L A Bell M. D.

~~Medical Attendant.~~ Coroner

Address, 181 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8/206 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jany 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archibald M Whirlin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wheelright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Over 30 years

Place of Death, {Give Street and Number.} No 15 E Eager St

Cause of Death, First (Primary), Hemorrhage from Stomach & bowels

Second (Immediate), Exhaustion

Duration of Last Sickness, 24 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31 st

Undertaker, H. C. Winkofield

Place of Business, Go Greenmit Address, ...

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No 8126 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ash

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Brakeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death. {Give street and Number.} 53 Harford Ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Jan 31st

Undertaker W. C. Wiedefeld

Place of Business, 90 Greenmount Ave

J M Houston M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81208 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Stephens.

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 38 *Years,* *Months.* *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington. D. C.

Duration of Residence in the City of Baltimore, 22 years.

Place of Death, {Give Street and Number.} 90 Barre St.

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, January 30th 1885

Undertaker, John J. Machen

Place of Business, No 150 London St.

R. J. D. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81209

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 28. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Stanley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} widow

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, ~~entirely~~ 45 Years

Place of Death, {Give street and number.} 188 Pearl Street

Cause of Death, First, (Primary.) Spinal Sclerosis

Second, (Immediate.) Sudden

Duration of Last Sickness, about 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Jan. 30/85 Anthony Brown *M.D.,*

Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 58 McCulloh

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81210 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 29/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt E. Smart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* *Months.* *Days*

Color, Mu

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 91 S. Pulaski

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Twelve (12) hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Jan 31

Undertaker, F B Cook

Place of Business, 707 W Baltimore

D. L Dyer M. D.
Medical Attendant.

Address, 307 W. London st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81211 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Elberts

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 2 *Months,* 17 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, One life

Place of Death, {Give street and Number.} 759 W. Pratt St

Cause of Death, First, (Primary.) Cirrhosis / Both mesenteric glands

Second, (Immediate.) Exhaustion

Duration of Last Sickness, about 18 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, January 31

Undertaker, Wirth

Place of Business, 707 W Pratt

W. Wright M. D.,
Medical Attendant.

Address, 121 W Lyndon St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 81212 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany. 29. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles L. Krause

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Cigar Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 yrs.

Place of Death, {Give street and Number.} 57 N. Chapel St.

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 Month

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Jan. 31 1885 J. H. Ledlenberg M. D.

Medical Attendant.

Undertaker John Hennessy

Place of Business, 382 Albans St. *Address,* 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

Board of Health, City of Baltimore.

Permit No. 8 12 13 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Koch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give street and Number.} 119 W. Wash. St.

Cause of Death, First (Primary). Phthisis

Second (Immediate).

Duration of Last Sickness, Several years

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, January 30 1885 J. H. Ellenberg, M. D.

Medical Attendant.

Undertaker John Heneage

Place of Business, 382 Colvans St *Address,* 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81214 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Jan 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Thomas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Maryland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} No 76 N. Ann st

Cause of Death, First (Primary), Old Age

Second (Immediate), Hemorrhage

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Dallas at Greenlis

Date of Burial, Jan 30 1885

Undertaker, J. Locks

Place of Business, #73 Pleasant St

James A Steuart M. D.

~~Medical Attendant.~~

Com of Pt. & R

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKeuen Sanitary Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 8215 *Office of Registrar of Vital Statistics.* **Ward** 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Carley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 58 Bank St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks about

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, February 1st 1885

Undertaker, Michael Punk

Place of Business, 55 Bank

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81216 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olga Hanan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, 1 Day

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No 6th Albemarle St.

Cause of Death, First (Primary), Pertussis

Second (Immediate), Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Jan 30 1885

Undertaker, Michael Runk

Place of Business, 95 Bank St

Wm H. Clendinen, M. D.
Medical Attendant.

Address, 1602 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 21217 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Fenchter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* Jan *Months.* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, × × × ×

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 44 Lancaster st Baltimore

Cause of Death, First (Primary), Fell down Stairs & died in 5 min

Second (Immediate), Fell down Stairs & died in 5 Minutes

Duration of Last Sickness, Heart trouble 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 31 1885

Undertaker, Michael Trunk

Place of Business, 36 Bank

James E Emmitt M. D.
Medical Attendant.

Address, 299 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[over.]

Health Department, City of Baltimore.

Permit No. 81217 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Bir C

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Fuchler

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 44 Lancaster st

Cause of Death, First (Primary), Fell down stairs on the head

Second (Immediate), Concussion of Brain died in five hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, January 31/85

Undertaker, Michael Klunk

Place of Business, 35 Bank

E Hall Pullen M. D.
Medical Attendant.

Address, 68 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8218 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Hoerig

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} 309 E. Eager St

Cause of Death, First (Primary), Acute Bright's disease

Second (Immediate), Uremia

Duration of Last Sickness, Six (6) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, January 31 1885

Undertaker, Henry Hoerig

Place of Business, 309 Central Ave Address, E. Eager St Baltimore

H. W. Glover M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81219 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leoba Albrecht

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* 1 *Months,* 7 *Days*

Color, Colrite

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailoress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 935 N Central Ave

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Marasmus

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Holy Sepulcher Cemetery

Date of Burial, January 31, 1885

Undertaker, Henry Heath

Place of Business, 309 Central Ave

I. Wm Blood M. D.
Medical Attendant.

Address, 1 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Over.

Health Department, City of Baltimore.

Permit No. 81220 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Blunt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk. Va.

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 193 Orleans

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, about 18 months

All the above informations should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, Jan 30th 1885

Undertaker, Saml W Chase

Place of Business, 198 S Howard st

Signed C. Dunville M. D.
Medical Attendant.

Address, 299 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81221 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Lennie Bender

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* *Months.* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 49 Bruce St.

Cause of Death, First (Primary), I have not seen this child since last Summer. He is said to have died last night and the symptoms as described, August Bite called as cause of death

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 29th 1885

Undertaker, Wm V Dugan

Place of Business, 1602 E. Pratt

I Ettinger M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81222 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Bark Berry

Sex, Male or Female, {Cross out the word not required in this line.} Parents

Age, — *Years,* — Eight hours *Months.* — *Days*

Color, Mulatto of Italian Descent

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Eight hours

Place of Death, {Give Street and Number.} 116 Chestnut St

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, All his life 8 h 15 m

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 29th 1885

Undertaker, Wm M Lurgan

Place of Business, 1162 East St

J E Gorsuch M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81223 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Janry 28

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Powers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* One *Months,* Six *Days,*

Color, Negro

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} No 4 Parish al

Cause of Death, First (Primary), Can unable to give the exact cause. I saw the child only once. It had never nursed and was much emaciated. Probably it was in bitter Syph

Second (Immediate) .....

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan 29th 1885

Undertaker Wm A Inge

Place of Business, 616 East St

J. E. Urquhart M. D.
Medical Attendant.

Address Gilmor & Lafayette Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81224 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 28, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lonnie Downey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* 14 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 25 Eutaw St

Cause of Death, First (Primary).

Second (Immediate). Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb. 1st

Undertaker B. Earle

Place of Business, 82 West.

Thos Corkran M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81225 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 29th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schene

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 29 — *Years,* 6 — *Months,* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 29 yrs 6 mos

Place of Death, {Give street and Number.} 88 Henrietta St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Alfonsus Cemetery

Date of Burial, Jan. 31 85

Undertaker, B. Harle

Place of Business, No. 82 West st

Geo A Kress M. D.,
Medical Attendant.

Address, 226 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8226 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29 Jan 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Josephina Janson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 37 *Years,* 11 *Months,* 16 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 40 S. Mount

Cause of Death, First (Primary), Carcinoma of Uterus

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Jan 30th 1885

Undertaker Mrs L. Hess

Place of Business, 317 Mulberry

J. Winchester M. D.
Medical Attendant.

Address, 514 N. Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81227 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgella Spence

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Four *Years,* Nine *Months,* *Days,*

Color, Negro

~~Married,~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 54 Milliman St

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Atrophia

Duration of Last Sickness, About four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 1st

Undertaker Wilson & Grace

Place of Business, S. Caroline 142.

J. B. Schwatka M. D.
Medical Attendant.

Address, 208 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81228 *Office of Registrar of Vital Statistics.* Ward 2 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roda A. Rodgers.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 15 Balto St.

Cause of Death, First (Primary), Consumption.

Second (Immediate),

Duration of Last Sickness, about eight months.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, January 30th 1885

Undertaker, Denny & Butchell

Place of Business, 65 S Broadway

John R. White, M. D.
Medical Attendant.

Address, 342 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8/229 *Office of Registrar of Vital Statistics.* **Ward** 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of Law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 895

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard J. Coombs

Sex, Male or Female. {Cross out the word not required in this line.} male

Age, 5-1 *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this One.} married

Occupation ~~Painter~~ Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 57 Hartford Ave

Cause of Death. First (Primary), Gangrene of the leg

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Jan 31st

Undertaker Geo Schilling

Place of Business, Ashland Square *Address,* 228 E Preston st

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 81230 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1885

CERTIFICATE OF DEATH.

Date of Death, Jan 28. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Wise

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 75 Years, *Months,* *Days,*

Color, Colored.

~~*Married, Single,* *Widow or* *Widower*~~, { Cross out the word not required in this line. }

Occupation Farmer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } U. S.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Cross alley

Cause of Death, { First (Primary), Second (Immediate). } Pneumonia. 4 weeks.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Jan 30th 1885.

Undertaker Wm. A. Duncan

Place of Business, 1102 East St

O. Edw Janney M. D.
Medical Attendant.

Address, Hom. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81231 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Preis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 429 E Baltimore St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan 31 st 85

Undertaker, G. France

Place of Business, Park & Wolfe Sts. *Address,* 943 Aliceanna

John A. Kehoe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81232 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, If requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Edleman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years~~, ~~Months~~. 5 Days

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, If of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 374 Aliceanna st

Cause of Death, First (Primary), Morbus Cærulens

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Jan. 30th 85

Undertaker, G. France

Place of Business, Pant & Wolfe Sts. *Address,* 22 Jackson Square

Thomas S. Evans, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81233 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Pryal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England -

Duration of Residence in the City of Baltimore, Six years.

Place of Death, {Give Street and Number.} 2 Fort avenue (Locust Point)

Cause of Death, First (Primary), ——

Second (Immediate), Typhoid Fever.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jany 31/85

Undertaker, Danl Flynn

Place of Business, 109 West Pratt

N. L. Dashiell, Jr. M. D.
Medical Attendant.

Address, 295 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81237 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas S. Downs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 505 Light St

Cause of Death, First (Primary),

Second (Immediate), Gangrene of Foot,

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Jan 29th 1885

Undertaker, Armstrong Bros

Place of Business, 260 Light

Theodore Cook M. D.
Medical Attendant.

Address, 146 Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8235 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Hyman

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 38 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 135 Hanbury St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Bronchial Consumption

Duration of Last Sickness, 6 mo 15 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 1st 1885

Undertaker, Armstrong Bros

Place of Business, 263 Light St

H. B. Noble M. D.
Medical Attendant.

Address, 50 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

7

Health Department, City of Baltimore.

Permit No. 81236 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 30 1885

Date of Death, January 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna A. Meyerdierck

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* 26 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 333 E. Pratt St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 1st 1885

Undertaker, Fred Gaede

Place of Business, 298 Caroline St

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81237 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas H Boulk, Sr.,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 85 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Chesapeake Pilot

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's County, Md.

Duration of Residence in the City of Baltimore, about 70 years

Place of Death, {Give street and Number.} 2 N. Broadway

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, about four months an invalid

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Jan. 31. 1885

Undertaker H. A. Dauer

Place of Business, 74 S. Bway

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8238 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Muir Bjerman

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 374 E. Baltimore St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis

Duration of Last Sickness, Nineteen days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Jan. 31 /85

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Nicholas L. Bathurst, M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81239

Office of Registrar of Vital Statistics.

6"

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Janry. 29th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Gordon.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female.

Age, 15 *Years,* 10 *Months,* *Days.*

Color, White.

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 107 N. Ann St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis.

Second, (Immediate.)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Jan 31 1885

Undertaker, M. A Daigle

Place of Business, 745 Brady *Address,* 227 Carrollton Ave.

J. T. Powell. M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81240 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Susan Galt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 342 W. William St

Cause of Death, First (Primary), General Debility

Second (Immediate), and old age

Duration of Last Sickness, One Year —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Jan 31 1885

Undertaker, James F Byrne

Place of Business, No 63 N Front

Edw J. Mitchell M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81241 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Mueller

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 30 N. Paterson Park Ave

Cause of Death,
- First (Primary), Pneumonia
- Second (Immediate), Suffocation

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St. Matthaei Cemetary

Date of Burial, February the forst

Undertaker, Sprenkle & Oertel

Place of Business, 210 E. Baltimore st. *Address,* 285 S. Monroe

Matthieu M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81242

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Forebee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days.*

Color Col'd

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Harford Co. Md

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, {Give street and number.} 130 Tyson St.

Cause of Death, {First (Primary,) Typhoid Fever / Second (Immediate,) Exhaustion

Duration of Last Sickness, about 3 wks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Jan'y 30th 1885

Undertaker, Earl W. Chase

Place of Business, 178 E. Howard st

Wm. F. Lockwood, M. D.
Medical Attendant.

Address Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81243

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lezin S. Gibson.

Sex, ~~Male or Female,~~ {cross out the word not required in this line.} Male.

Age, 79 Years, 6 Months, Days.

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Physician,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, All his life,

Place of Death, {Give street and number} 263 Madison Avenue,

Cause of Death, First, (Primary,) Cerebral Apoplexy,

Second, (Immediate,) Paralysis,

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Jan 31 1885

Undertaker, Kelly Gorsuch & Sons

Place of Business, Park & Monroe

John Dietz M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

81244

Date of Death, Jan 30' 1885

Name of Deceased Pearl Simpson

Sex, ~~Male or~~ Female,

Age, 5 months

Color, white

Married, Single, Widow or Widower,

Occupation,

Birthplace, City

Duration of Residence in B. C. Life

Place of Death, 172 N. Gay St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsion

Duration of last Sickness,

REMARKS.

Bolle County
Jan 31/85
W H Hickman
N Gay St
To be Supplied by
Dr. Geo. B. Reynolds

John Murphy & Co., City Printers and Stationers.

(gone to Richmond)

Health Department, City of Baltimore.

Permit No. 8/245 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nettie G. Gardner

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 672 Penna Ave

Cause of Death, First (Primary), Scarlatinal Dropsy

Second (Immediate), Exhaustion

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Jan 31/85

Undertaker, D. B. Cook

Place of Business, 707 E. Balto St

L. McKew, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81246 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 30 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine A Griffith
Josephine

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 453 Lemmon

Cause of Death, First (Primary), ...

Second (Immediate), Lung fever Pneumonia

Duration of Last Sickness, about five hrs

All the above information should be furnished by the Physician.

Place of Burial, Balto Co Md

Date of Burial, June 31 st 1893

Undertaker, John H McCoy

Place of Business, 22 W. Fayette St

J H Patterson M. D.
Medical Attendant.

Address, 215 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 81247

13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany. 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Macbeartney,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 10 *Months,* 2 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Phila.

Duration of Residence in the City of Baltimore, 26 or 27 yrs.

Place of Death, {Give street and number.} 22 N. Fremont St.

Cause of Death, First, (Primary.) Tubercular Phthisis.

Second, (Immediate.) Asthenia;

Duration of Last Sickness, Seven or Eight Months,

All the above information should be furnished by the Physician.

Place of Burial, Bay View Cem.

Date of Burial, Feby 1st 1885

Undertaker, John N. McCoy

Place of Business, 22 W. Fayette St

T. A. Ashby M.D.,

Medical Attendant.

Address, 318 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81248 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 30th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Blackwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} male

Age, 55 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, Oyster Shucker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va. Virginia

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} 176 Mulligan St.

Cause of Death,
First (Primary), Pulmonary consumption
Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 1st 1885

Undertaker, W. H. Dunigan

Place of Business, East 5th

Thomas J. Simms M. D.
Medical Attendant.

Address, 242 S. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81249 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2

CERTIFICATE OF DEATH.

JAN 31 1885

Date of Death, January 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 27 Sharpe St Alley

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Dropsy of Heart

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial. Washington D.C.

Date of Burial. Janry 31st 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

J. A. Gillis M. D.,
Medical Attendant.

Address, 180 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3563 Travis

Health Department, City of Baltimore.

Permit No. 81257 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria L. Kaiser

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 8 *Months,* — *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 5 New st

Cause of Death, First (Primary), Abdominal Dropsy

Second (Immediate), Prostration

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feb 1st 1885

Undertaker, Henry Hoeck

Place of Business, 308 N Bond

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8257 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josef Dietsch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give Street and Number.} N 122 Sterling St

Cause of Death, First (Primary), Chronic Bright's disease

Second (Immediate), Acute asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb 1st 1885

Undertaker, Henry Hook

Place of Business, 36 N Eutaw St *Address,* 169 N Arch St

Henry Nolan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8142 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday 9 oclock PM Jan 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Burnett O'Conner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 2 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 449 Canton Ave

Cause of Death, First (Primary), Gastritis

Second (Immediate), Spasams

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Matthew Cem.

Date of Burial, Jan. 31, 1885. J E Richard M. D.

Medical Attendant.

Undertaker Henry McGinnis

Place of Business, P & M. Central Address, 68 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81253 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, 30th January 1885. (Friday)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabetha Junker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} f

Age, 84 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bayern Germany

Duration of Residence in the City of Baltimore. 26 years

Place of Death, {Give Street and Number.} Eastern Avenue 75½

Cause of Death, First (Primary), Marasmus senilis

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Febr 1th 1885

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 11th

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81254 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cunigunda Dorbert

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 43 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} No 105 S. Dallas st

Cause of Death, First (Primary), Paralysis of the Heart

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 1st

Undertaker, W. Schiffert

Place of Business,

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81255 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1888 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, January 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Chambers

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, Blk

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 30 yrs,

Place of Death, {Give Street and Number.} Seldom Valley (near west Road & Pikesville Pulmon.

Cause of Death, First (Primary), Pthisis

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 1st 1888

Undertaker, J. C. Perkins

Place of Business, Hamburg & Lombard

Robt J. Ellis M. D.
Medical Attendant.

Address, 813 Lig[illegible] St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 3. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81256 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JAN 31 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen J. Schwing Zwink

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} F

Age, 30 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabaret

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 13 Walnut alley

Cause of Death, First (Primary), Asthma

Second (Immediate), Asphixia

Duration of Last Sickness, about 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Jan 31st 1885

Undertaker, J. A. Kershner

Place of Business, Arlington Ave

Wm A Reed M. D.
Coroner
Medical Attendant.

Address, 326 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Extract

Board of Health, City of Baltimore.

Permit No. 8125 *Office of Registrar of Vital Statistics.* **Ward** 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 30th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant but named, give names of parents.} Sophia Weber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 11 *Months.* 27 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 71 Knight st

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, January 31st 1885

D W Cathell M. D.
Medical Attendant.

Undertaker Leonhard Kurz

Place of Business, 272 S Bond Street *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81258 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 29th or 30th January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Fay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ~~~ *Months,* ~~~ *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 129 Forest Place

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 1st 1883

Geo B Raymond M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 110 W Fay *Address,* 171 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81259 *Office of Registrar of Vital Statistics.* Ward 7 4/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JAN 31 1885

CERTIFICATE OF DEATH.

Date of Death, Jan. 31. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles William Gibson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* X *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 1135 E. Central Ave.

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Days

the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 2d

Undertaker Geo. Schilling

Place of Business, Ashland Square

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8/260 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

JAN 31 1885

Date of Death, January 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma St George Tillman

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Female (Parents)

Age, —— *Years,* —— *Months.* 5 hours *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 155 N Dallas St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Jan 31

Undertaker, Henry Heck

Place of Business, 304 N. Central Ave

James H Hunter M. D.
~~Medical Attendant.~~

Address, Canton P O

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81261 *Office of Registrar of Vital Statistics.* Ward 20 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 29—85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Handlosen

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~29~~ 26 *Years,* 9 *Months.* 19 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 394 Pinn Ave

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 394 Pinn Ave

Cause of Death, First (Primary), Ty Febrile Fever

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 1

Undertaker, Walter Emmert

Place of Business, 315 N. Biddle *Address,*

H J Lemmert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81262 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 31 1885 BALTIMORE MD.

Date of Death, Jan 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Garrett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days.*

Color, Mulatto

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Washwoman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, About 17 Years

Place of Death, {Give street and Number.} No 1 Jarvis St Amt Bonnewhere

Cause of Death, First, (Primary,) Dep Cold - Suffocation Immediate

Second, (Immediate,)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 1st 1885

Undertaker, Walter Dunnel

Place of Business, Biddle St

S. K. Merrick M.D.,
Medical Attendant.

Address, 209 N Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {over}

Health Department, City of Baltimore.

Permit No. 81263 *Office of Registrar of Vital Statistics.* Ward D

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. JAN 31 1885 BALTIMORE, MD.

Date of Death, Jany 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adolph

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 1/24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 295 S Durham St

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Lutz

Date of Burial, Jan 31 1885

Undertaker, John Braun

Place of Business, 124 S. Bethel

Thos A Lewis M. D.

~~Medical Attendant~~

Address, Aug 76. & 82

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81264 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JAN 31 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, January 30th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie Kaiser

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* 3 7 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 163 S. Wolfe st

Cause of Death, First (Primary), Laryngitis

Second (Immediate), Cynanche Trachealis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Maier's B. Ground

Date of Burial, Feby 1st 1885

Undertaker, Chas. F. Evans & Co

Place of Business, Eager & Valley Sts *Address,* 207 S. Broadway

Nicholas L. Dutiel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8/265 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelm Kryptophenpeck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 29 Burrough St

Cause of Death, First (Primary),

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Aphonsus Cemetry

Date of Burial, Feb 1 84

Undertaker, B. Harle

Place of Business, No. 82 West st.

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81266 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Jany 30th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Green

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ One (1) *Months,* Twenty two (22) *Days,*

Color,

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation~~,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 110 S Fulton ave

Cause of Death, First, (Primary,)

Second, (Immediate,) Marasmus.

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 1st 85

Undertaker, Jos F. Byrne

Place of Business, 95 Sharp St Lane

D. D. Wright M. D.,
Medical Attendant.

Address, 221 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8126 7 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Mater

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 142 West St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 11 1885

Undertaker, Geo Culer Ross

Place of Business, 95 Lou Wayst

C. S. Bond M. D.
Medical Attendant.

Address, 210 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81268 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Roderick Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* *Months,* *Days,*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 13 yrs

Place of Death, {Give street and Number.} 13 Leadenhall St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pulmonalis

Duration of Last Sickness, about 4 mos

All the above Information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, Feb Ruary 1 1885

Undertaker Herc Luer Ross

Place of Business, 95 Can Wayst

Jno L Smith M. D.
Medical Attendant.

Address, 281 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

11

Permit No. 8269 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JAN 31 1885

CERTIFICATE OF DEATH.

Col.

Date of Death, Jan 30. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Earl

Sex, Male or Female, { Cross out the word not required in this line. }

Age, ... *Years,* 10 — *Months,* ..... *Days.*

Color, Colored.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md.

Duration of Residence in the City of Baltimore, 10 m

Place of Death, { Give street and Number. } 31. Canal Alley.

Cause of Death, First (Primary), Bronchitis - Cap -

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 week.

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial February 2 1885

Undertaker Hercules Ross

Place of Business, 95 Con Wharf St

G. Thomas M. D.
Medical Attendant.

Address, 129 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81270 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Simmons

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months.* ..... *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 27 yrs

Place of Death, {Give Street and Number.} 22 Leadenhall st

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laur cemetery

Date of Burial, February 1885

Undertaker, Her Euler Ross

Place of Business, 95 Con Way st

L Brehme M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8127 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JAN 31 1886
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. 29. 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharine A. Foote,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 21 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 41 N. Washington Pl.

Cause of Death, First (Primary), Pericarditis scarlatinal fever.

Second (Immediate), Meningitis

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feby 1st 1886

Undertaker, Fred. Gaede

Place of Business, 29 S. Caroline

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Gay. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 8127 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie M. Hummel

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 26 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } No 50 Hyatt St

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, February 1885

Edward P. Hard M. D.
Medical Attendant.

Undertaker Adrian

Place of Business, 183 Columbia Av. *Address,* 248 N. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81273 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, January 31st 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanfield Kelly

Sex, Male or ~~Female.~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 4 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Division St.

Duration of Residence in the City of Baltimore

Place of Death, {Give street and Number.} 1m 641 Penna Ave

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), Blood Poisoning

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cem.

Date of Burial, Feb 1th 85

A A Pole M. D.
Medical Attendant.

Undertaker Martin Fahey

Place of Business 128 W Lovenaer *Address,* 599 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 81274 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, January 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche R. Dawkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... 8 *Months,* ... *Days*

Color, Black

Married, Single, ~~*Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No. 3. Eastern Park Avenue

Cause of Death, First (Primary), Croup - Bronchitis -

Second (Immediate), " Pneumonia -

Duration of Last Sickness, One week -

All the above information should be furnished by the Physician.

Place of Burial, Edgewood Evergreen

Date of Burial, Feb 1st 1885

Undertaker, Wm. A. Burgee

Place of Business, 62 East St

R. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81275 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

1a

CERTIFICATE OF DEATH

Date of Death, January 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis Ann Snyder

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* —— *Months,* —— *Days.*

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} # 298 N. Ann Street.

Cause of Death. First (Primary),

Second (Immediate). Acute Phthisis Pulmonalis.

Duration of Last Sickness, six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 2 1885

Undertaker John W Jackson

Place of Business, Fay & Gardner St

J Russell Mantuck M.D.

Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81276 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, January 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Walter Bond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Staircase builder

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 154 Lemmon St

Cause of death, First, (Primary,) Phthisis

Second, (Immediate,) Diarrhoea

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 2

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

J. W. Clark M. D.,
Medical Attendant.

Address, 247 Stricker

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81277 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry May Alexander Hendrick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ✕✕

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 716 Pratt St

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Sept 4th 1885

Undertaker, Fred Goede

Place of Business, 29 S Caroline st

James E Donville M. D.
Medical Attendant.

Address, 693 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81278. *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, January 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Williams.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 45 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, Ten Years.

Place of Death, {Give Street and Number.} 246 S. Broadway

Cause of Death, First (Primary), Dyspepsia

Second (Immediate), Cramp of Stomach.

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub. Cem

Date of Burial, Feb 1 1885

Undertaker, Geo Rinehart

Place of Business,

H. L. Dalziell Jr. M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81279 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 30 - 85 - 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Curtis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Pneumonia (Double)

Second (Immediate), Apnoea

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem

Date of Burial, Feb 1 1885

Undertaker, Geo. Rinehart

Place of Business, ...

Medical Attendant, F W Mead M. D.

Address, N. S. Main Hosp Sq

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81280 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Butt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single*, *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 457 Saratoga st

Cause of Death, First (Primary), old age

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westerns

Date of Burial, June 1

Undertaker, G H Burgess

Place of Business, 201 Penn

Jas. O. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81281 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1885 (Annie M. Dorsey)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs John Dorsey

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 185 Constitution St.

Cause of Death, First, (Primary,) Pelvic Cellulitis

Second, (Immediate,) Acute Pelvic Peritonitis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial New Cathedral Cemetery

Date of Burial, Feb 2d 1885

Undertaker, Henry W. Means

Place of Business, #45 N. Gay St.

Robt J. Wilson M. D.,
Medical Attendant.

Address, 1460 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81282 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, January 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles S. Ely.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* 6 *Months,* 7 *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hard. Co. Maryland

Duration of Residence in the City of Baltimore, 77 Years

Place of Death, {Give Street and Number.} N.E. cor. Gay & Fayette Sts

Cause of Death, First (Primary), old age.

Second (Immediate), Bronchitis.

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 2d 1885

Undertaker, Henry W. Means

Place of Business, #45 N. Gay St

Edward P. McDivitt M. D.
Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The S[illegible]

Board of Health, City of Baltimore.

Permit No. 81283 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Goldie Hart

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 5 *Months,* [illegible] *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #68 S. Charles St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} #68 S. Charles St

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Croup

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 2nd

Geo. A. Gunn M. D.
Medical Attendant.

Undertaker P. N. Trull.

Place of Business, 131 Hanover St *Address,* #44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Spec... ...pectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81284 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31 January

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Thelen Edward

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 95 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Institution of the Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 2 February

Undertaker M. Bloodcamp

Place of Business,

Jno Bonnet Bayle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of [illegible] is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8/2285 *Office of Registrar of Vital Statistics.* Ward 8 C 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

Date of Death, February 7, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa May Brooks.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* — *Months,* Seven *Days,*

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 546 Harford avenue.

Cause of Death, First (Primary), —

Second (Immediate), Convulsions.

Duration of Last Sickness, Two days.

the above information should be furnished by the Physician.

Place of Burial, Linda B. M. E. Cemetery

Date of Burial, Feb 9 1885

Undertaker Or. W. E. Brooks Jr. Jr.

Place of ~~Business~~ 546 Harford Ave *Address,* 549 Harford ave

Chas. R. Elwell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81286 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Hahn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ..... *Months.* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} S. W. Cor. Bank and Register

Cause of Death, First (Primary), Cerebral Meningitis

Second (Immediate), Asthenia

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 3

Undertaker, Randall Lipscomb

Place of Business, S Bond St

G. L. Wilkins M. D.
Medical Attendant.

Address, 77 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8/287 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February (14th), 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. George Hahn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Seventy Six *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Carpet Weaver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give Street and Number.} No 318 Orleans Street

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, R. C. Paul's C.

Date of Burial, Feb 3th

Undertaker, W. Dippel

Place of Business, ...

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 87288 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st. 10 30 A.M. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Spindler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 36 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Hoeder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 16 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 294 Alice Anna

Cause of Death, First (Primary), Abscess of the Liver

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Johns cem

Date of Burial, Feby 2d 85

Undertaker, H. Sanders Son

Place of Business, 252 Lombard St

Samuel E Linville M. D.
Medical Attendant.

Address, 299 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81289 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 1. 31. 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. F. L. Gehrmann

Sex, Male or Female, { Cross out the word not required in this line. } .....

Age, 7 m. *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 261 W. Fayette St.

Cause of Death, First, (Primary,) debility, from age &

Second, (Immediate,) .....

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial. Feby 2 1885

Undertaker, H. Saudenr Son

Place of Business, 252 Lombard St.

Wm. Dorsey M. D., Medical Attendant.

Address, 319 Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Spring... ...cially invited to the remarks below, and to List of ... ...ers.

Board of Health, City of Baltimore,

1 St

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81298

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daisy Boyd.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* — *Months,* 4 *Days.*

Color, White *Sex,* Female

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 82 Boston St

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give street and number.} 82 Boston St

Cause of Death, First (Primary,) Hemorrhage of Umbilical cord

Second (Immediate,)

Duration of Last Sickness, 6 hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Febry 2th 1885

J. M. Scrivill M. D.
Medical Attendant.

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann. *Address* 23 S. Broadway,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the deceased, and the place and date of death, except in cases of births and deaths of illegitimate children.

...ready furnished to the Health Office below, and to List of Deaths ... Certificate.

Board of Health, City of Baltimore,

Permit No. 81291

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, January 1, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cleveland Greacen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, ... *Years,* ..... *Months,* 16 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 403 Dk. Avenue

Cause of Death, First, (Primary.) Born prematurely - congenital

Second, (Immediate.) debility - marasmus

Duration of Last Sickness, from Birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Feby 2d 1885

Undertaker, Jno. A. McCloy

Place of Business, 22 West Fayette St

Anthony Bowen M.D.,
Medical Attendant.

Address, 58 McCulloh St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8/294 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johana Cartain

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 53 Boyd St.

Cause of Death, First (Primary), ...

Second (Immediate), Jaundice

Duration of Last Sickness, Three (3) Months.

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Feb 2nd

Undertaker, John F. Conaw

Place of Business, 67 Sodine

H. L. Shier M. D.
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81293 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Coats

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* — *Months,* 5 *Days,*

Color, Mulatto

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } St Sarahs Asylum

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } St Sarahs Asylum

Cause of Death, First, (Primary,) —

Second, (Immediate,) Meningitis

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial Sharpes Cemetery

Date of Burial Feb 2 1885

Undertaker, A. F. Kennedy

Place of Business 116 Orchard St

J. A. Gilmour M. D.,
Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 8129 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Nora Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, about 37 *Years,* ~~Months,~~ ~~Days~~

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 86 Pierce St

Cause of Death, First (Primary), Cardiac Hypertrophy

Second (Immediate), Dropsy General

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 3 1885

Undertaker, Alex Hemsley

Place of Business, 116 Orchard St *Address,* 55 N Greene St

W. F. A. Kemp *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ly invited to the Remarks below, and to List of Di... ...erwise.

Health Department, City of Baltimore.

Permit No. 81495 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31st January 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McVeigh

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boiler maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 74 Durstally

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, H. P. Mem'l C.

Date of Burial, February 3

Undertaker, B. Mahl

Place of Business, 82 West St

H. H. Hebert M. D.
Medical Attendant.

Address, 57 Bruce

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81296 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 5 1885

Date of Death, Feb 1st, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Lee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} No. 44 Spruce alley

Cause of Death, First (Primary), ...

Second (Immediate), Peritonitis

Duration of Last Sickness, Died 9 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 3- 1885

Undertaker, M. Clark & Son

Place of Business, 92 S. Am

M. J. Gallagher, M. D.,
Medical Attendant.

Address, 214 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore, 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81297

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 31 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edward Gilmore

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, Two *Years,* One *Months,* Twelve *Days.*

Color, European

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 68 S. Wolfe St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} # 68 S. Wolfe St.

Cause of Death { First, (Primary,) Teething (It is believed)
Second, (Immediate,) Convulsions

Duration of last Sickness, About 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Port Deposit

Date of Burial, July 4/85

Undertaker, W. A. Saiser

Place of Business, 745 S Bdwy

A. J. Loar M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3565 Fawcett

Board of Health, City of Baltimore.

Permit No 81298 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian E. Biscoe Biscoe

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days,*

Color, wh

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city —

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 191 Jefferson St.

Cause of Death, First (Primary), Tuberculosis Pul.

Second (Immediate), Apnoea

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, July 3rd 1885

Undertaker Denny & Mitchell

Place of Business, 60 & Broadway Address, 57 & Broadway

E. B. Biscoe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention ... fully Invited to the Remarks Below, and to List of Diseases on ... Certificate.

Board of Health, City of Baltimore.

Permit No. 81299 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alphonsus Park

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 1 *Months,* 3 *Days,*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 2nd 1885

Undertaker Geo Ruhlhaut

Place of Business,

Thos J Ware M. D.
Medical Attendant.

Address, 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...fully invited to the remarks below, and to List of Diseases on ... this Certificate.

Health Department, City of Baltimore.

Permit No. 81300 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Feb 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Floyd and Louisa Dorsey.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} E. Parents

Age, ~~~ *Years,* ~~~ *Months.* 21 *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 235 N Eng Ave. S

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Feb 2 1885

Undertaker, Geo W Perkins

Place of Business,

James A Steuart M. D.

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dudley - Director

[OVER.]

...fully ...ed to the remarks below, and to List of Dis... ...ertifi...

Health Department, City of Baltimore.

Permit No. 81301 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 2 1885

CERTIFICATE OF DEATH.

H

Date of Death, Feb 1-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kondo Cuialousz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 18 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} Univ Hosp

Cause of Death, First (Primary), Diptheria

Second (Immediate), Asthenia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Cem

Date of Burial, Feb 2nd 1885

Undertaker, F. A. Kuchuel

Place of Business, ...

J R Trimble M. D.

Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8/302 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 30, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Scruggs.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, about 50 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Wagoner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 384 Harford avenue.

Cause of Death, First (Primary),

Second (Immediate). Strangulated Scrotal Hernia.

Duration of Last Sickness, about Twenty-four (24) hours.

the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Febuary 2d 1885

Undertaker John Lake

Place of Business, 166 E Balto st

Augs. R. Elwell M. D.
Medical Attendant.

Address, 379 Harford avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible]

Health Department, City of Baltimore.

Permit No. 8363 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Jan. 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Champion Harrison

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months.* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 94 Hamburg St.

Cause of Death, First (Primary),

Second (Immediate), Cyanosis

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 2 1885

Undertaker, [illegible]

Place of Business, 263 Fayette

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. E 13074 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Louis Fleming

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 76 *Years,* ..... *Months.* ..... *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 23 years

Place of Death, {Give Street and Number.} 150 Lombard cor Ll

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 3 1885

Undertaker, Henry Hoeck

Place of Business, 809 N. Gilmor St *Address,* 245 Lemmon

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8305 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lukat

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* Four (4) *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give Street and Number.} 280 N Central Ave

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feby 2, 1885

Undertaker, Henry Heath

Place of Business, 309 Central Ave & Address, 280 Central Ave

Wohlner MD

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81306 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 1 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. R. Higley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 81 S. Chester st

Cause of Death,
First (Primary), Catarrh of the Head
Second (Immediate), Congestion of Brain

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, July 2nd 1885

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore. 1/9/9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1893

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Conrad Elsen

Sex, Male or Female, { cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Painter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Germany Ten Years

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number } 472 Canton Ave

Cause of Death, First, (Primary,) Suicide by Cutting Throat with Pocket Knife

Second, (Immediate,) Hemorrhage from Cardiac artery

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, Feb 3 1893 Hall Mullen M. D.

Medical Attendant.

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 115 Augusta St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore.

Permit No. 81508 Office of Registrar of Vital Statistics. Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth O'Connor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and Number.} Inst. Little Sisters

Cause of Death, First (Primary),

Second (Immediate). Age + debility 5 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 3rd 85

Undertaker Matthew Cadrgan

Place of Business 227 Mulberry St.

Jno. Bruce Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81309 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 1st 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Puls.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 Mos.

Place of Death, {Give street and Number.} # 1 Wilcox Street

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Paralysis of Heart.

Duration of Last Sickness, 12 Hours.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 3d

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

R. F. Phillips M. D.,
Medical Attendant.

Address, 311 St. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Shultz

Sex, Male or Female, {cross out the word not required in this line.} August Henry Shultz

Age, ____ *Years,* ____ *Months,* ____ 29 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} # 462 N Gay St

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate,)

Duration of last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 3d 1883

E. Hall Duffy M. D.
Medical Attendant.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 108 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to the Instructions on this Certificate.

Health Department, City of Baltimore.

Permit No. 81311 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Neuscher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1 North Eutaw St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Feby 4, 1888

Undertaker, H Gaston & Son

Place of Business, 252 Eutaw *Address,* 249 Eutaw

J. Wm Cole M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81312 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ogle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months.* *Days*

Color, W

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 322 Hoffman St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feby 3. 1885 } J. T. Hawk M. D.

Undertaker, H. Sander & Son } Medical Attendant.

Place of Business, 252 Eastern Av *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entry of Disease in Book of this Certificate

Board of Health, City of Baltimore,

Permit No. 81313 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

FEB 3 1885

Date of Death, Feby 2nd, 1885-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard H. C. Lingemann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days,*

Color, Wh.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore - Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 101 Cambridge St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asthma

Duration of Last Sickness, 8 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Feb 3 th

Undertaker W Lippard

Place of Business,

E. B. Button *M. D.*

Medical Attendant.

Address, 51 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8131 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Victor Niemann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 4 *Months,* 1st *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (19 years)

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} 1368 West St.

Cause of Death, First (Primary), Morbus Bright

Second (Immediate), Uraemia

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 3d 1885

Undertaker, Ernst Schlosman

Place of Business, 181 Sharp St. *Address,* 170 N. Sharp St

J/m Lembel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81315 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18 B

CERTIFICATE OF DEATH.

Date of Death, Feb. 2nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mirdie Smith.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months.* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 186 S. Howard St.

Cause of Death, First (Primary), Sickly at birth.

Second (Immediate), Consumption.

Duration of Last Sickness, About 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb. 3rd 1885

Undertaker, Saml. H. Chase

Place of Business, 178 S. Howard St.

J. M. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81316 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Shee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 17 N Dallas St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cemetery

Date of Burial, Feb 24th 1885

Undertaker, Henry Hovert

Place of Business, N Central Ave Address, 17 N Eager Fayette & Caroline

D. E. Shuler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81317 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Heigh

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years.* *Months.* *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Marasmus

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Feb. 3/85

Undertaker, J. B. Cook

Place of Business, 207 W. Balto St *Address,* Univ Hosp.

I R Trimble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81318 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. D. Pindle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months.* 11 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 357 N. Mount St.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 98 N. Fulton

Cause of Death,
First (Primary), Capillary Bronchitis
Second (Immediate),

Duration of Last Sickness, one Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Feb. 3/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Geo H Annis M. D.
Medical Attendant.

Address, 193 Pentrance St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81319 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Bordan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 316 N Amity st

Cause of Death, First, (Primary,)

Second, (Immediate,) Congestion of the Lungs

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, Feb 4/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Jno Warner M. D.,
Medical Attendant.

Address, corner E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81320 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Scott

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 Years, — Months, — Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not requred in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give street and Number.} 508 N. Pratt St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Prostration

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 4/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

B. Z. Phillips M. D.,
Medical Attendant.

Address 211 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to that on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8132 *Office of Registrar of Vital Statistics.* Ward 12½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 2nd 1845

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Boyle

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 36 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation, Mechanic

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 76 Dolphin St

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) —

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 4/45

Undertaker, J. B. Cook

Place of Business, 707 W Balt

Edward A. Ihan M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81322

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jul. 2d 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Garfield McCormick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation, " "

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 86 n. Wolf st

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and number.} 86 n. Wolf st

Cause of Death, First, (Primary.) Asthenia

Second, (Immediate.) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 4/85

Undertaker, Chas S. Fry

Place of Business, 810 Broadway

Gen'l Barkman M.D.,
Medical Attendant.

Address, 380 E. Fayette st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81323 *Office of Registrar of Vital Statistics.* Ward 13 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, July 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Bentley

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, about 36 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Not Known

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Epilepsy & Malaria

Second (Immediate), Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 3rd/85

Undertaker, Jno Cadogan

Place of Business, 227 Mulberry St

F Wells M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87324 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, February 1st 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Keen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* ——— *Months,* ——— *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Centreville Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 47 China St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 4 1888

Undertaker, Hercles Ross

Place of Business, 95 Con Wayt

T. E. Wiley M. D.
Medical Attendant.

Address, 1957 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81325 *Office of Registrar of Vital Statistics.* Ward 6 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 6 1885

Date of Death, Febuary 1 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Harburger

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 10 *Months,* — *Days*

Color, Whi

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 55 d. Wolfe

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, H. Mathews Cemetery

Date of Burial, Feb. 3d 85

Undertaker, C. France

Place of Business, Wm. Wolfe, *Address,* 24 E. Baltimore St

J. Watkins M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8/326 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antonia Fuches

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* 10 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany,

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 169 Elliott St

Cause of Death, First (Primary), Consumption

Second (Immediate), ——

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Feb 3rd 85

Undertaker G. France

Place of Business, & Address, 1 Park & Wolfe Sts

J. H. Martin M. D.
Medical Attendant.

FEB 3 1885

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81327 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice G. Dobson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 2 *Months.* 20 *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 26 Poultney St

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Convulsions

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, January 3

Undertaker, B. Hall

Place of Business, 82 West St

H B Noble M. D.
Medical Attendant.

Address, 50 Maine Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81328 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. 1885

CERTIFICATE OF DEATH.

Date of Death Feby 1st 1885

Full Name of Deceased { Write legibly and spell correctly. If an Infant not named, give names of parents. } George G Blackstone

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, *Years,* 6 *Months,* *Days*

Color, C a

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 70 S Dallas st

Cause of Death, First (Primary), Cerebral

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ewen Cemetery

Date of Burial, Feb 3rd 1885

Undertaker, W. W. Madden

Place of Business,

Samuel Hemmeter M. D.

~~Medical Attendant~~

Address, Cor Mt & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Suspected

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81329 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Balk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 27 *Days,*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.} Child

Occupation Child

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 1/2 yrs

Place of Death, {Give street and Number.} 101 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate) Diphtheria

Duration of Last Sickness, I saw it yesterday for the first time & discovered it disease

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Febr 4th 1885

Undertaker Peter Frey

Place of Business, 91 Eastern Ave

A Hupperthentzer M. D.
Medical Attendant.

Address, 88 S Ballo St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81330 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Waytus 2d

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 hours ~~*Days.*~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 278 S Ann St

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, Feb 3rd 1885

Undertaker, John Braun

Place of Business, 222 S. Bethel St. *Address,* .....

James A Steuart M. D.

~~Medical Attendant.~~

County Health Officer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81331 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben T. Cook.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 546 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, about 5 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 3 1885

Undertaker, Cumtiny (illegible)

Place of Business, 263 Lombard

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81332

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D. Kennedy

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Cleveland Ohio

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and number} 212 Maryland ave

Cause of Death { First, (Primary,) Burns of face body & limbs
Second, (Immediate,) Nervous Shock (Convulsions)

Duration of last Sickness, 1 day live

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 4th 1885

Undertaker, Wm Enders & Son

Place of Business, Park & Mantua

T. Barton Brune M. D.
Medical Attendant.

Address, 365 N. Eliza St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 81333 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 3, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Sill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* 1 *Day*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 73 S Paca

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 4 1885

Undertaker, John P Paulus

Place of Business, 66 Frederick Address, Baltimore

James J Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81334 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby. 3. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wisbeck

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* 8 *Months,* 20 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, from birth

Place of Death, {Give Street and Number.} 268 Orleans St

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate), Childbirth

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 4th 1885

Undertaker, Wendel Rapsel

Place of Business, 1515 S. Bond St *Address,* 66 E Baltimore St

C. N. Thomas M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81335

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Reinhard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* 17 *Days.*

Color, white *Sex,* male

~~Married~~, *Single,* ~~Widow or Widower~~? {Cross out the words not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} S. W. Cor. of Elliott & East Avenue, Canton

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Asthmatic affection of the Lungs.

Duration of Last Sickness, Fourteen days.

All the above information should be furnished by the Physician.

Place of Burial, 1st Baptist Cemetery

Date of Burial, Feb. 5th 85

H. Schwartz M. D.
Medical Attendant.

Undertaker, John C. Schultz

Place of Business, 264 Aliceanna Address Cor. Elliott & Canton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 81336 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 4 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Jan 3rd 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Dan'l Jenkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 157 Hughes St

Cause of Death, First (Primary), ...

Second (Immediate), Erysipelas

Duration of Last Sickness, Two days

the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 4 1885

Undertaker C F Kramer & Son

Place of Business, 269 Hanover St

Wm. O. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 81337 *Office of Registrar of Vital Statistics.* Ward 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 3 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Kilgus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northampton Co. Va

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} # 205 N. Dallas St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Thompson's Cemetery

Date of Burial, Feb 4 1885

Undertaker Abt Kennedy

Place of Business, 116 Orchard st

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81338 *Office of Registrar of Vital Statistics.* Ward 5th 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months.* 5 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 150 Forest St

Cause of Death, First (Primary), —

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral C

Date of Burial, February 5 1885

Undertaker, J. B. Hall

Place of Business, 82 West 11

E. A. Bell M. D.
Medical Attendant.

Address, 161 Lee Church St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81339 *Office of Registrar of Vital Statistics.* Ward 7 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 4 1885 BALTIMORE, MD.

Date of Death, Feb. 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Eliza Detrick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} #310 N. Ann

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, two days and a half

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 5th 1885

Undertaker, Fred Gaede

Place of Business, 27 S Canal *Address,* 373 E Balto St.

E. P. Bovis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81340 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 4 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 3" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo" W. Fay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3. Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 359 Sharp St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 4" 1885

James A Steuart M. D.

Undertaker, Julius Koehler

Place of Business, Sharp and Cross St

Address, Comm. of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E Dudding - Inspector

[over.]

Board of Health, City of Baltimore,

10

Permit No. 8134 1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} André Dautont

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 4yrs. - 3 mos.

Place of Death, {Give street and number.} 43 Mason St.

Cause of Death, {First (Primary,) Consumption
Second (Immediate,) Asthma

Duration of Last Sickness, One a year

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents

Date of Burial, Feb. 5th 1885

J. Edwin Michael M. D.
Medical Attendant.

Undertaker, Wm. Weaver.

Place of Business, #202 N. Eutaw St. *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 81342 — *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 3d / 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Cooper

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* — *Days*

Color, Colored

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} W. Fourth St

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 14 Division St,

Cause of Death, First (Primary), Suddenly

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Feb 4 — 1883

Undertaker, W W Madden

Place of Business, 46 East St

Wm H Grimm M. D.

~~Medical Attendant~~ Coroner

Address, 826 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases &c.

Board of Health, City of Baltimore,

Permit No. 81343 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Adele Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} Franklin 2 dr N. of Calhoun

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 9 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 6th 1885

Undertaker, D Eudy & Mitchell

Place of Business, 530 W Fayette St

G. Barney Hill M. D.,
Medical Attendant.

Address, Franklin & Calhoun.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81344 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3d. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ Three *Months,* ~~Days~~

Color, Brown

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 450 Parish ally

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give Street and Number.} 450 Parish ally

Cause of Death, First (Primary), Inanition

Second (Immediate), Gastritis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mark St Cemetery

Date of Burial, Feb 5th 1885

Undertaker, Saml R. Shaw

Place of Business, 198 E. Howard St *Address,* 120 N. Greene St.

J. B. Gardner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81345 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Moran

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 99 Ellwood St

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Feby 4th 1885

Undertaker, C. G. Frame

Place of Business, Bank & Wolfe Sts. *Address,* 53 Ellwood St

E Jones Hillian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 8134 — Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death. February 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Quater

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cheltenham Md.

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give street and Number.} 27 Oxford St.

Cause of Death, First (Primary). Consumption

Second (Immediate). Pulmonary Phthisis

Duration of Last Sickness. 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Md.

Date of Burial Feb 4 1885

Undertaker Alf Kennedy

Place of Business Undertaker Address, 560 W Fayette St.

L. D. Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 8134

Office of Registrar of Vital Statistics. Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dorsey

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 27 *Years,* 6 *Months,* 1 *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys County Md

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give street and number.} No 47 State St

Cause of death, First, (Primary,) Phthisis Laryngeal & Pulm.

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Six or Eight months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 5 1885

Undertaker, Musgrave & Pye

Place of Business, 69 Mulberry St

R. W. Mifflin, Jr. Medical Attendant. M. D.,

Address, 188 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

Permit No. 81348 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 4 1885

CERTIFICATE OF DEATH.

Date of Death, Feb 4. " 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lucie W. Mitchell

~~*Sex,* Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32. *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, White

~~*Married,* Single, *Widow* or *Widower*,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 3 years —

Place of Death, {Give street and Number.} Park Ave — [redacted] 311.

Cause of Death, First (Primary). Cerebral Pneumonia 2nd ~~by~~ Tubercular infection

Second (Immediate). Exhaustion — consumption

Duration of Last Sickness, 1 year —

the above information should be furnished by the Physician.

Place of Burial, La Plata Charles Co. Md

Date of Burial, Febry. 6 1885

Undertaker Hon Jenkins & Son

Place of Business, Park & Saratoga Sts *Address,* 129. W. Biddle St

Gaethomus — M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

3566 Harvil

Health Department, City of Baltimore.

Permit No. 81349 *Office of Registrar of Vital Statistics.* Ward 5 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boarding House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys County

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} Spring 25 No 110

Cause of Death, First (Primary), Pulmonary Hoemoptysis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 5 1855

Undertaker, Wilson & Lyon

Place of Business, 62 East st

John A Selvester M. D.
Medical Attendant.

Address, Lombard Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases &c.

Board of Health, City of Baltimore.

Permit No. 81350 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3rd 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Buderer

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 34 *Years,* 1 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Cabinet Maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, All of life

Place of Death, { Give street and Number. } 100 Preston St.

Cause of Death, { First (Primary), Phthisis Pulmonalis

Second (Immediate), "

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, Feb 6th 1885

Undertaker Walter Immel

Place of Business, 315 Biddle St *Address,* 606 Madison Ave.

J. H. Chrestian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.

Board of Health, City of Baltimore,

Permit No. 81351 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 3 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adolphus Forrester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Painter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} Union Protestant Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feby 5th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

C. Forwood M. D.,

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 8/352 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lula M. Wright

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ~~~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 Guilford's alley.

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) "

Duration of Last Sickness, 2 week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, Feb 6th

Undertaker, Amoldy & Dury

Place of Business, No 163 Lyon

C. D. Smith M. D.,
Medical Attendant.

Address, 158 Hanover St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81353

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Ida M. Keown

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, ~~7~~ *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 504. W. Pratt

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, Feb 5th 1885

Undertaker, Joseph F. Byrne

Place of Business, 59 Liberty

Edw F. Michelbacher M. D.
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81354

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2 Feb 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Burke

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, Supposed to be 27 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Not Known

Occupation, "

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and number} Mullen Wharf Boston Street

Cause of Death, First, (Primary,) Gun shot wound (Homicide

Second, (Immediate,) Internal Hemorrhage from Abdominal Aorta

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, Feb 5th 1885

E. Hall Rutter M. D.
Medical Attendant

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* 108 Aisquith Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[over]

Health Department, City of Baltimore.

Permit No. 81355 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, Feb 2 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cannon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Dysentery

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 5th 1885

Undertaker, Henry McGinnis

Place of Business, 11 & 13 N Central Ave

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81356 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 3 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Raye

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death. {Give street and Number.} 98 Pearl.

Cause of Death, First (Primary), ?

Second (Immediate), Congestion of brain

Duration of Last Sickness, Ailing for several weeks. Ill only a few days before death.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 5, 1885

Undertaker Hercules Ross

Place of Business, 95 Corn Wharf *Address,* 241 N. Eutaw St.

Wm. E. Moseley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8135

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 3, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Florence Mccoy

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, one *Years,* 5 *Months,* ——— *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} No. 77 Harmony La.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and number.} No. 77 Harmony La.

Cause of Death, First (Primary,) Marasmus

Second (Immediate,) Pneumonia

Duration of Last Sickness, about a month I am told

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 5th 1885

John L. Harris M. D.
Medical Attendant.

Undertaker, Thos A Bunger *Address* No. 360 Lexington St.

Place of Business, 62 East, St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Board of Health, City of Baltimore,

Permit No. 81358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Brauner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, about 42 years

Place of Death, {Give street and number.} Baltimore City Jail

Cause of Death, First (Primary,) Wound

Second (Immediate,) Erysipelas

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 5th 1884

D. A. Hoffman M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw *Address* 279 West Lafayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 81357 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 57 Years

Place of Death, {Give Street and Number.} Boyd's Row Nr Eutaw

Cause of Death, First (Primary), Senility

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem

Date of Burial, Feb 6th 1885

Undertaker, Adam Finn

Place of Business, 461 N. Gay St Address, Corner Eutaw & Lee

C. Schaeffer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health. City of Baltimore,

Permit No. 81360 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schumann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Carpet Weaver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fourty years

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) } Marasmus
Second, (Immediate,)

Duration of Last Sickness, Ten days in the Hospital, known nothing of his previous history

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb 6th 85

Undertaker, G. Franz

Place of Business, Park & Wolfe Sts. *Address,* 81 N Eutaw Street

A Friedenwald M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8136 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, February 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Charles Williams

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 4 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 230 S. Bethel St.

Cause of Death, First (Primary), Imperfect development

Second (Immediate), Marasmus

Duration of Last Sickness, 1 month 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Alpheus Grave yard

Date of Burial, February 6. 1885 2 o'clock P.M.

Undertaker, John Braun

Place of Business, 224 S. Bethel Street

Jno. S. Smith M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81362 *Office of Registrar of Vital Statistics.* **Ward**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death. February 4th 1885

Full Name of Deceased. { Write legibly and spell correctly. If an infant not named, give names of parents. } John Krause

Sex, Male or ~~Female~~. { Cross out the word not required in this line. }

Age, 1 *Years.* *Months.* *Days.*

Color. White

~~Married~~. Single. Widow or Widower. { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. { Give street and Number. } 36 ~~56~~ Park Avenue

Cause of Death. { First (Primary). Meningitis
Second (Immediate). }

Duration of Last Sickness. One week

All the above information should be furnished by the Physician.

Place of Burial. Woodlawn Cem.

Date of Burial. Feb 5th 1885 John Morris M. D.
Medical Attendant

Undertaker C. Rosenberger

Place of Business, 30 Mulberry *Address,* 3 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 81363 *Office of Registrar of Vital Statistics.* Ward 10 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3d February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Hamberg.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married.

Occupation, Carpenter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years.

Place of Death, {Give Street and Number.} 20 Knox Alley

Cause of Death, First (Primary), Paralysis

Second (Immediate), ...

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Feb 6th 1885

Undertaker, Coffrow & Sons

Place of Business, 121 Penna Ave

N. W. Littell, M. D.
Medical Attendant.

Address, 318 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81364 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Heilbert

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* Six *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Six Month

Place of Death, {Give Street and Number.} 72 Thamson

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Ohel Shalem Cemetery

Date of Burial, February 7

Undertaker, W. Eilau

Place of Business, 101 Borough *Address,*

C. E. Grunow M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 81365 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, February 4.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Max Weithheimer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 8 *Months,* 2 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 173 W Lombard St

Cause of Death, First (Primary), Arthritis deformans and Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, 15 Years

the above information should be furnished by the Physician.

Place of Burial, Heb Hebrew Cemetery

Date of Burial, Feb 5

Undertaker Wm Eilau

Place of Business, 101 Gough St Address, 98 Madison Ave

Dittmar M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 81366 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Bias

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days.*

Color, C d

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 224 Preston St

Cause of Death, First (Primary),

Second (Immediate). Puerperal Septicaemia

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6 1885

Undertaker A. J. Hemsley

Place of Business, 1106 Orchard st

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81367 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria John

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* 11 *Months,* 4 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} 111 S. Keyworth.

Cause of Death, First (Primary), Neuralgia chronica trigemini

Second (Immediate), Convulsions, Paralysis of heart

Duration of Last Sickness, 2 years Neuralgia

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, Feby 7th 1885

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

Address, 245 S. Baltimore

Math. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81368 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella S Wheeler

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} single

Occupation Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give street and Number.} 253 Hanford Ave

Cause of Death. First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, don't know she was under my care 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Washington D C

Date of Burial, Feby 6th 1885 W. B. Billingslea M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 66 S Broadway *Address,* 228 E. Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3567 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 81369 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 5 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph R Starr

Sex, Male or Female, { Cross out the word not required in this line. }

Age, *Years,* 1 *Months,* 21 *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, lifetime

~~*Place of Death,*~~ { Give street and Number. } 317 N Strieker St

Cause of Death, { First, (Primary,) 6 / Second, (Immediate,) Inanition

Duration of Last Sickness, two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feby 7th 1885 M K Warner M. D.,

Undertaker, J E Donaghoe & Co Medical Attendant.

Place of Business, Address. Lafayette Ave near St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81370 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 5 1885

CERTIFICATE OF DEATH.

Date of Death, Feb 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary Randle Randler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 1 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dalas Ty

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 Madison St

Cause of Death, First (Primary), Pneumonia Bron 6 hrs

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pebbles Cem

Date of Burial, Feb 5th 1885

Undertaker, E. A. Kershner

Place of Business, Arlington Av

James A Steuart M. D.

~~Medical Attendant~~

Address, Bon 6th & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

See Mr Kershners Cert & Reg &c

Health Department, City of Baltimore.

Permit No. 8137 / *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother name Mary Randles

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 Maddison Ct between Henry & Green

Cause of Death, First (Primary), Pneumonia Bronch (6 hrs

Second (Immediate), Asthenia

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, W. Pacific Cemetery

Date of Burial, Feb 5th 1885

Undertaker, J. A. Kershner

Place of Business, Arlington Ave

James A Steuart M. D.

~~Medical Attendant.~~

Address, Comptroller

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

for H Adamson
S W Cor Ridgely & Green

Board of Health, City of Baltimore.

Permit No. 81372 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margret E. Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 8 *Months,* — *Days,*

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 160 Hanford Ave

Cause of Death, First (Primary),

Second (Immediate). Constitutional Syphilis

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, Feb 6th

Undertaker H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

Jas. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 81373 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Marshall

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Fractured Thigh

Second (Immediate) Traumatic delirium

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th

Undertaker H. C. Widefield

Place of Business, 90 Gunnit Ave *Address,* City Hospital

W R Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8137 4 *Office of Registrar of Vital Statistics.* **Ward** 13 9/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 3 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Brandt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoe maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} University

Cause of Death, First (Primary), Injuries recd. falling through hatch

Second (Immediate), Compression & shock

Duration of Last Sickness, About 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Feb. 6 / 85

Undertaker, Philip J. Hill

Place of Business, 183 Columbia Ave.

Wm A James M. D.

~~Attendant~~ Medical Attendant

Address, 326 Lafayette Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81375 *Office of Registrar of Vital Statistics.* Ward 6 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 5 1885

Date of Death, Feb 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Roberta Marriott

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 15 *Months,* ..... 7 *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 33 N Bond St

Cause of Death, First, (Primary.) Meningitis

Second, (Immediate,) 4

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 6 1885

Undertaker, Jacob Lake

Place of Business, 166 E Balt St *Address,* 198 Broadway

E J Way *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81376 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 *Years,* ..... *Months.* ..... *Days*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Racco.

Duration of Residence in the City of Baltimore, 2 Jasper St

Place of Death, {Give Street and Number.} Phthisis (?)

Cause of Death, First (Primary), Marasmus

Second (Immediate), ...

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, Feb 5 1885

Undertaker Alf Hemsley

Place of Business, 116 Orchard St

A. M. Wilson M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81377 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 5/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Rickis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 148 S Eden St

Cause of Death, First (Primary), Scarlatina

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemy

Date of Burial, Feb. 6 1885

Undertaker, Michael Funk

Place of Business, 35 Bank St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81378 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Stein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* 7 *Days*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Watch Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 20 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 53 Essex St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 6th 1885

Undertaker, L. Sanderson

Place of Business, 252 Canton ave *Address,* 1346 E Balto St.

H. L. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81379

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelia B. Robertson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, Seven *Years,* Eleven *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} 471 E. Chase St.

Cause of Death { First, (Primary,) Meningitis
Second, (Immediate,)

Duration of last Sickness, Six days —

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, Febry. 4/85

Undertaker, W. A. Taylor

Place of Business, 749 S. Bdwy.

N. C. Edmunds M. D.
Medical Attendant.

Address, 258 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 5/388 *Office of Registrar of Vital Statistics.* Ward 10 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 5 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth R Weber

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* 5 *Months,* 3 *Days,*

Color, W.

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower.*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 70 Ohio St.

Cause of Death,
First (Primary). Cancer of face (Epithelioma)
Second (Immediate). Asthenia

Duration of Last Sickness, 2 years

the above Info mation should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, Feb. 7

Undertaker Walter Emmert

Place of Business, 315 W. Biddle

R Ehrman M. D.
Medical Attendant.

Address, 258 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8138

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 6 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Febry 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Curtis

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days.*

Color, Brown

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, Since childhood

Place of Death, {Give street and number} 59 Sentinel Alley

Cause of Death {First, (Primary,) Pulmonary & Cerebral Congestion. / Second, (Immediate,) Apnoea

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Lorraine~~ Johns Hopkins Cemetery

Date of Burial, Feb 6 1885

Undertaker, Alex Hemsley

Place of Business, 116 Edward St

John Dietsch M. D.
Medical Attendant.

Address, 261 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 81382 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Denson

~~Sex,~~ ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, Negress.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md.

Duration of Residence in the City of Baltimore, about 20 years.

Place of Death, {Give Street and Number.} 16 Stockton Ct.

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6 1885

Undertaker, Alex Hemsley

Place of Business, 116 Carhart St

J. W. Clark M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in said city it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81383 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Tolliver

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 41 *Years,* ——— *Months.* ——— *Days*

Color, cd

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mathews Co Va

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 126 N. Eutaw St

Cause of Death, First (Primary), Fibroid tumor

Second (Immediate), Peritonitis

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, July 6th 1885

Undertaker, Saml M Chase

Place of Business, 198 S Howard St

B. B. Brown M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8/384. *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 5

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Kate Octavania

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, — *Years,* 9 *Months,* — *Days.*

Color, Italian

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 108 Forrest St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Wenceslaus Cemetery

Date of Burial, July 7 to 1885.

Undertaker John Hennig

Place of Business, 382 Orleans St

A. Lee Sherfey M. D.
Medical Attendant.

Address, 882 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81385 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christopher Gagung

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} S.E. cor. McElderry st. + Bradford aly.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Prostration

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb 6 th 1885 J. H. Ellenberg, M. D.

Medical Attendant.

Undertaker John Kenney

Place of Business 382 Orleans St *Address,* 344 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Health Department, City of Baltimore.

Permit No. 81386 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph B Montgomery

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Car Conductor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} No 9 Cambridge st

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Bryantown Charles Co. Md

Date of Burial, Feby 6th 1885

Undertaker, M. Eckert & Son

Place of Business, 92 S Ann

W H Hill M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3569 Transit [OVER.]

Health Department, City of Baltimore.

Permit No. 8137 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~January 9~~ Feb 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nagel Frederic

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Inst.on of the Little Sisters of the Poor.

Cause of Death, First (Primary), ...

Second (Immediate), General Dropsy

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 10 January

Undertaker, H. Bloodcamp.

Place of Business, ...

Jno. Finke Bourg M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81388 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~January~~ Feb 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henri Charmillot

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Schweitzerland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Inst. of the Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Hypertrophy of Heart

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, 10 January.

Undertaker, H. Bloedcamp

Place of Business,

Robt Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81389 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward D. Holt.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 2 *Years,* 4 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} /

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 511 Mulberry St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate). "

Duration of Last Sickness, Five weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 6th 1885

Undertaker D Emy & Mitchell

Place of Business, 330 W Fayette st

Thomas Opie M. D.
Medical Attendant.

Address, 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and place of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81390 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary V. Peutz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, Years, 11 Months, 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 969 N. Fulton Ave

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, February 6th 1885

Undertaker, Emy & Butcher

Place of Business, 560 W Fayette St

W. A. B. Sellman M. D.
Medical Attendant.

Address, 46 N. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81391 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Febuary 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Fricke

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Collector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 47 Aberdeen St

Cause of Death, First (Primary), Frostbitten Foot

Second (Immediate), Gangrene

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 7th 1885

Undertaker Johnston & Ray

Place of Business, 612½ W. Balto St *Address,* 228 Hanover St

Applegate M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11

Permit No. 81392

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 6 1883 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, February 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha E. Jennings

Sex, ~~Male~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days.*

Color, Black. *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 83 Jasper St.

Cause of Death, {First (Primary,) / Second (Immediate,)} Sores Burn

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, Feb 5th 1883

J. J. Mackenzie M. D.
Medical Attendant.

{*Undertaker,* W. H. Burch, *Address* 67 Franklin St
Place of Business, 97 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 81393 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary A. Lybrand

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 *Years,* 7 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore since birth

Duration of Residence in the City of Baltimore, 50 Portsmouth

Place of Death, { Give street and Number. }

Cause of Death, First (Primary), Acute cerebral meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb. 6 1884

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address* 2024 W. Lombard

A. G. Wurth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Board of Health, City of Baltimore,

Permit No. 81394

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th - 1885 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fitzsimmons -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 10 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~? {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} St. Vincent's Infant Asylum.

Cause of Death, First, (Primary.) Tabes Mesenterica.

Second, (Immediate.) Exhaustion.

Duration of Last Sickness, 2 months -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial, Feb. 6/85.

Undertaker, Victor Needles -

Place of Business, Dinsin & Townsend

R. H. Goldsmith - M.D.,
Medical Attendant.

Address, Harlem av. & Calhoun -

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...inspection thereto, as directed in the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81395

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. FEB 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Murray

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 153 Park avenue.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate.) Hemorrhage, lungs

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, Feb. 7/85.

Undertaker, Denny & Mitchell.

Place of Business, 550 W. Fayette st

R. Mc Goldsmith, M.D.,
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ecially directed to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21396 *Office of Registrar of Vital Statistics.* Ward 7 E.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1885

CERTIFICATE OF DEATH.

Date of Death, Feb. 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Campbell

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 83 *Years,* *Months.* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 258 E. Pratt St.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 8th 1885

Undertaker, Hughes. Spence & Co

Place of Business, Balto & Exeter Sts *Address,* 392 E. Balto St.

H. H. Luck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81397 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT FEB 6 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Cummings

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color Col

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 120 n Durham st

Cause of Death, First (Primary), Paralysis

Second (Immediate), Diarhea

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Bonds

Date of Burial, Feb 6th/85

Undertaker, J Locke

Place of Business, 73 Jefferson st

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81398 *Office of Registrar of Vital Statistics.* 18 Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 1 *Months,* Seven *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 446 N. Wolf St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Pneumonia

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 7. 1885

Undertaker, J. C. Wilkerson

Place of Business, Geo. A. Brown & Co. *Address,* 501 E. Baltimore St

T. Woolsey M. D.

Medical Attendant.

Address, 501 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81399 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August H. Horder

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* 1 *Months.* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Taylor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} № 41 Gilmore st

Cause of Death, First (Primary), Intestinal obstruction

Second (Immediate), Prostration

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, H. Olivet Cemet

Date of Burial, Feb 7

Undertaker, B. Hart

Place of Business, 82 W. Pr

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81400 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, July 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes Long

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 149 William St

Cause of Death, First (Primary), Pulmonary Trouble

Second (Immediate),

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, July 7

Undertaker, B. Hurley

Place of Business, 62 West Pr

L. A. Bunch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8146 1 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1885.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Ransch.

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 76 *Years,* *Months.* *Days.*

Color,

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death. {Give street and Number.} 200 Division St.

Cause of Death. First (Primary).

Second (Immediate). Dropsy.

Duration of Last Sickness, Nine month.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Feby 8th 1885

Undertaker J. E. Monyhe & Co

Place of Business, 298 Penn ave *Address,* 248 N. Lombard

Edward R. Ward M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8462 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick W. White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Fifty-four *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty-one years

Place of Death, {Give street and Number.} 22 Albemarle St.

Cause of Death, First (Primary), Mitral Stenosis,

Second (Immediate), Dropsy, Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, Feby 7th

Undertaker F. A. Small

Place of Business, 131 Hanover, *Address,* 47 Conway St

T. DeLaney & Barclay M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81403 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Carwell

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Celt

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 24 Philpot St.

Cause of Death, First (Primary), Meningitis (Basilar)

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Feb. 6th 85

Undertaker, G. Frances

Place of Business, Pant & Wolfe *Address,* 243 Alice Anne St.

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8140?4

Office of Registrar of Vital Statistics.

8

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Connolly

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ~~Years.~~ 6 *Months,* ~~Days.~~

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, { Give street and number. } 18 Liberty al

Cause of Death, First, (Primary.) Feebleness of Constitution.

Second, (Immediate.) Pneumonia.

Duration of Last Sickness, about a week.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, Feb. 6th 85

Undertaker, G. Frank

Place of Business, Bank & Wolfe Sts. *Address,* 75 Franklin St

Jno. G. Gay *M.D.,*

Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81405 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 5 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Simpson

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 45 Years *Months.* *Days*

Color, Negro.

Married, ~~Single~~, Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Railroad porter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ohio

Duration of Residence in the City of Baltimore. Years

Place of Death, { Give Street and Number. } 22 Clinton Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 6th 1884

Undertaker, W. H. Bibble

Place of Business, 97 Druid Hill Ave

M. M. Wilson M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 81406. *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby. 5th 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edythe P. Buchman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore ~~Gettysburg~~ Penna

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 14 Pitcher St

Cause of Death, First (Primary), Meningitis Cerebral

Second (Immediate), " "

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Gettysburg Pa.

Date of Burial, Feb. 7. 1883

Undertaker B. Cook

Place of Business, 707 W. Balto St *Address* Jno. J. Bacon M. D. Medical Attendant.

Co. Archbp. and Madison Sts

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 35'70 Transcript [OVER.]

Health Department, City of Baltimore.

Permit No. 81407 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Vogel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Dec 27-84

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemty

Date of Burial, February 5 1885

Undertaker, Fred'k A Kuehnel

Place of Business, 129 Arlington av

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81408 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Unknown (Found Feb 5th 85)

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} "

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* about 1 or 2 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Supposed Balt City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Unknown S. R. Station

Cause of Death, First (Primary), Supposed Exposure

Second (Immediate), Neglect

Duration of Last Sickness, Found on Street

All the above information should be furnished by the Physician.

Place of Burial, West Public Cemty

Date of Burial, Feby 5 1885

Undertaker, P. A. Kachmer

Place of Business, 129 Arlington Av

Dr. A. Bell M. D.
Medical Attendant.
Coroner
Address, 107 Sunshine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81409 *Office of Registrar of Vital Statistics.* Ward 4 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 4 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Pat. Spellman

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} # 11 S. Front

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate),

Duration of Last Sickness, about 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 7 1883

Undertaker, James O Payne

Place of Business, No 63 N Front

T. S. Moyer M. D.
Medical Attendant.

Address, 1 S Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8140 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clementine Hall
Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} # 7 Carlton St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount St Cemetery

Date of Burial, Feb 6 1885

Undertaker, William A Dunger

Place of Business, # 62 East St

O. M. Neff M. D.
Medical Attendant.

Address, 310 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81411 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward D. Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* 29 *Days*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~Newsboy~~ Newsboy Editor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 7 n Franklin St

Cause of Death, First (Primary), Bronchitis (Phthisis)

Second (Immediate), Pneumonia

Duration of Last Sickness, about Six months

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feb 7th 1885

Undertaker, New Jerusalem Doms

Place of Business, Park Varalya St *Address,* 180 W. Hyatt

W. H. Thom M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3577 transit

[over.]

Health Department, City of Baltimore.

Permit No. 8142 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5 Feb. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} P. Fred. Schminke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months.* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 61 Patterson Park ave.

Cause of Death,
First (Primary), Carcinoma (Scirrhus of Sig. Flex & Rectum. (Verified by a post mortem Exam.)
Second (Immediate), Intestinal Obstruction

Duration of Last Sickness, 5 months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feby. 8. 1885

Undertaker, H. Saulsbury

Place of Business, 202 Eastern Ave. *Address.* 314 E. Balto. St.

B. F. Leonard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to Line of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 8143 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Christina West

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* 4 *Months,* 4 *Days*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Stockholm Sweden

Duration of Residence in the City of Baltimore, Thirty five years

Place of Death, {Give Street and Number.} 142 Lancaster st

Cause of Death, First (Primary),

Second (Immediate), Umbilical Hernia

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Salts Cemetery

Date of Burial, Feby 8. 1885

Undertaker, H. Sandey & Son

Place of Business, 252 Canton Ave *Address,* 207 S Broadway

Nicholas L Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permit No. 8414

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 20 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 5. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susannah Craig

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and Number.} 211 N. Caroline St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) Chronic Cold

Duration of Last Sickness, 4 Years

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial. Feby 8" 1885

Undertaker, D. Geary & Watchell

Place of Business, 553 W Fayette St Residence, 41 Franklin St

R. H. Thos Medical Attendant. M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 8/4/15

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Marshall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 4 *Months,* 29 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Janitor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Portugal — 35 years in U.S.

Duration of Residence in the City of Baltimore, 25 Years.

Place of Death, {Give Street and Number.} 29 Poultney St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Capillary Bronchitis with albuminuria

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 8

Undertaker, B. Hall

Place of Business, 62 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81416 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 3 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 311 First Ave

Cause of Death, First (Primary), Typho-malarial

Second (Immediate), fever

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 8

Undertaker B. Hall

Place of Business, Granneff

Jno. A. Smith M. D.
Medical Attendant.

Address, 281 St Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No 8141?

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

14

Date of Death, Feb 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Vincent

HEALTH DEPARTMENT FEB 6 1885 BALTIMORE MD

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} A & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Anhemia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Londen Park

Date of Burial, Feb 6

Undertaker, G A Blizard

Place of Business, 207 Penn ave

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81418 *Office of Registrar of Vital Statistics.* Ward 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HEALTH DEPARTMENT FEB 6 1883

CERTIFICATE OF DEATH.

Date of Death, Feby 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Mcgonigal

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 11 *Months,* 3

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Castle England

Duration of Residence in the City of Baltimore, 1 yrs 6 mo

Place of Death, {Give street and Number.} 98 Mulberry E

Cause of Death, First (Primary).

Second (Immediate). Puerperal Peritonitis

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Western cem

Date of Burial, Feb 7th

Undertaker, G H Blizzard

Place of Business, 201 Penna ave

Medical Attendant Jno Miller and Jas Dillon M. D.

Address, 106 N Eutaw and 150 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [ov

Health Department, City of Baltimore.

Permit No. 21419 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 6 1885

CERTIFICATE OF DEATH.

Date of Death, Feb. 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Eder.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 8 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Lived with parents.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 46 N. Washington St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Phthisis

Duration of Last Sickness, 4 months.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 7th

Undertaker, W. Dugel

Place of Business,

N. L. Cowiler M. D.
Medical Attendant.

Address, 96 Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81420 *Office of Registrar of Vital Statistics.* **Ward** 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Clifford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 1 *Months,* 9 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} cor. Chester & Keyser

Cause of Death, First (Primary), Chronic Croup

Second (Immediate),

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, Feb 8th 1885

E. B. Fenby M. D.
Medical Attendant.

Undertaker John F. Murray

Place of Business, 5 Broadway *Address,* 283 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8142 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 6 1880

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Clarence Cornelius Cook

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, — *Years,* 8 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 135 Harmony Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, Feb 7th 1880

Undertaker Wm H Burgee

Place of Business, 62 East st

L D Harris M. D.
Medical Attendant.

Address, 560 N Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8142 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Cooper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, Over 3 years

Place of Death, {Give street and Number.} 36 Smith St

Cause of Death, First, (Primary,)

Second, (Immediate,) Hypertrophy of the heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb 7th 1885

Undertaker, Wm H Bungee

Place of Business, 62 East, 81

Signature of Medical Attendant, Dr A Bell M. D.

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81423 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann E. Lawder

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 15 *Years,* 8 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 310 Aisquith St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, two or three years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 9th 1885

Undertaker Henry Woack

Place of Business, N. Central ave *Address,* 228 E. Preston St

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81424 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David C Williams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Center

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 394 Hanover St

Cause of Death, First (Primary), Dentition.

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, February 8th

Undertaker, Wm J. Tiekner

Place of Business, 65 S. Eutaw St

Jno A Hall M. D.
Medical Attendant.

Address, 158 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81425 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 6th 1885

Full Name of Deceased, {Parents. Write legibly and spell correctly. If an Infant not named, give names of parents.} Sedwick T & Julia Connell

Sex, Male or Female, {Cross out the word not required in this line.} Female (Parents

Age, 0 *Years,* ——— *Months,* One *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 165 S Paca

Cause of Death, First (Primary), ———

Second (Immediate), Asthenia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Anna Arundel Co

Date of Burial, Feb 7th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

Jno A Wade M. D.
Medical Attendant.

Address, 165 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8142 6 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L Rich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 9 Months, 9 Days

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 114. Hill St.

Cause of Death, First (Primary), Tubercular — Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb Fifth 1885

Undertaker, Hercules Ross

Place of Business, 75 Con Wayst

L. A. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8142 7 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaiah Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 218 Sharp St

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpist Cemetery

Date of Burial, Feb Ruary 8 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Mayo

E W Boyd M. D.
Medical Attendant

Address, 910 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8142 8 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 8 *Months,* - *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 259 Cross St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 2 W

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg Cemetery

Date of Burial, February 8 1885

Undertaker, Hercules Rorr

Place of Business, 95 Low West

Scott Bell M. D.
Medical Attendant.

Address, 161 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8[illegible]29 *Office of Registrar of Vital Statistics.* Ward 14 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Dean

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* 17 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 635 N Lombard St

Cause of Death, First (Primary), Gradual decade,

Second (Immediate), Physical & Mental.

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 8 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto, *Address,* 584 N. Fayette St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81430 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 2d/85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John B. Rash

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore. About 4 Years.

Place of Death, {Give Street and Number.} Ser. Pier & Key. Bone

Cause of Death, First (Primary), Accidental Fall.

Second (Immediate), Congestion of the Brain

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb. 7/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 151 S. Paca St.

D. L. Beck *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81431

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 5th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Annie Handy

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 45 *Years,* — *Months,* 1 *Days.*

Color, col. *Sex,*

~~*Married, Single,*~~ *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, Washing

Birthplace, { State or country (and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } No. 11 East St.

Cause of Death, { First (Primary,) Valvular disease of heart

Second (Immediate,) Oedema of lungs

Duration of Last Sickness, Died instantly - but ailing for 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery Alexander Hill, M. D.

Medical Attendant.

Date of Burial, Feb 7th 1885

Undertaker, Geo. Rinehart

Place of Business, Forrest Place Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 8/4432 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Raabe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* — *Months.* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 32 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 76 2d. Gay St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 8th 1884 C. W. Palmer M. D.

Medical Attendant.

Undertaker, Henry W. Mears

Place of Business, # 45 N. Gay St. Address, 45 N. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81433 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6 1886

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Brandhof

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 55 *Years,* 2 *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Shoemaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give street and Number.} 389 S Eutaw

Cause of Death, First (Primary),

Second (Immediate). Phthisis

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 8th 1886

Undertaker C. F. Krouse & Son

Place of Business, 209 W Conway. *Address,* 146 Stanford

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81434 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Harbourne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months.* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 33 Burgundy Alley

Cause of Death, First (Primary), Suicide by Shooting

Second (Immediate), " "

Duration of Last Sickness, Died Abt 12 hours after

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 8th 1885

Undertaker, John L. Thacker

Place of Business, No 150 Camden St

Saml Beck M. D.
Medical Attendant.

Address, 162 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81735 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Love

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 11 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give Street and Number.} 99 Fortar

Cause of Death, First (Primary),

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, February 8

Undertaker, Br Hall

Place of Business, 82 Watt St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fortar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81436

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda E. L. Myers

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months,* 4 *Days.*

Color, Wht

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 196 N. Mount St.

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 8th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 N. Fremont

James A. Fechtig M. D.
Medical Attendant.

Address, 182 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 81437 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Friday Feb. 6th. "85"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry W. Gilbert

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give Street and Number.} 76 E. Eager St.

Cause of Death, First (Primary), ~~Diphtheritic~~ Diphtheria

Second (Immediate), Diphtheritic Croup with Typhus

Duration of Last Sickness, 4 Days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemet

Date of Burial, February 7th 1885

Undertaker, Wm H. Hickman

Place of Business, 1234 N Gay St *Address,* Chas & Lexington Sts

Wilmer Brinton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81438 *Office of Registrar of Vital Statistics.* Ward 6 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel A Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 2 *Months.* 25 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give Street and Number.} 126 McElderry Street

Cause of Death,
First (Primary), Diphtheria
Second (Immediate), Congestion of the lungs

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemt

Date of Burial, February 7th 1885

Undertaker, Wm H. McKewan

Place of Business, No 234 Gay St

Milton A Taylor M. D.
Medical Attendant.

Address, 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81439 *Office of Registrar of Vital Statistics.* Ward 13 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Richardson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give Street and Number.} 427 W Fayette St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Blakes Hartford Co Md

Date of Burial, Feb 9 1885

Undertaker, Henry McGinnis

Place of Business, No 8 N Central Ave *Address,* 584 W Fayette St

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3574 Transit

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8144 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant of Geo Eaton

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 510 Henrietta St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 510 Henrietta St

Cause of Death, First (Primary), Atelectasis Pulmonum

Second (Immediate).

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 7 1885

Undertaker Armstrong and Young

Place of Business, 263 Light St

Geo. H. Jenson M. D.
Medical Attendant.

Address, 1616 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8144 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 7 1885 BALTIMORE

Date of Death, Feb 6 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Shatz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 227 Hanover St

Cause of Death, First (Primary), /

Second (Immediate), Cerebral Softening

Duration of Last Sickness, about four months

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 8th 1885

Undertaker, C. F. Krause Son

Place of Business, 209 Hanover St *Address,* 154 Hull St

D Steuber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81442 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weltzenbein

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — 5 — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 66 N. Schroeder

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 Days

All the above Information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, Feb. 7th 85

Undertaker, G. France

Place of Business, Grant & Wolfe

J. H. Turner M. D., Medical Attendant.

Address, 41 N. Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81443 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 6, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katherine Margaret Lisk

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months.* 2 *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 950 W Balto

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 8th 1885

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia Ave. *Address,* 819 Hollins

Duncan Bowlby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 814444 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 6th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph L. Schutz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* 6 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 1 Madeira Alley

Cause of Death. First (Primary), Typhoid Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, Between 2 & 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, Febry 8th 1885

Undertaker John Lake

Place of Business, 166 W Balto St

J. Hebenberg M. D.
Medical Attendant.

Address, 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back [illegible] certificate.

Board of Health, City of Baltimore,

Permit No. 8144[illegible]

Office of Registrar of Vital Statistics. 12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 7 1885

Date of Death, Feb. 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thompson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 9 *Months,* ~~10~~ *Days.*

Color, Negro.

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Agnt

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 220 Park Avenue

Cause of Death, First, (Primary.) Phthisis Pulmonalis-

Second, (Immediate.)

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 8th 1885-

Undertaker, Wm H Gray

Place of Business, 63 Mulberry

Robt W Johnson M.D.,
Medical Attendant.

Address, 64 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Ward 12th

Permit No. 81446 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 4th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Jane Larkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ——— *Months.* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, House Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia About 14 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 28 Bolton St.

Cause of Death, First (Primary), General paralysis

Second (Immediate), Strangulation

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 8th 1885

Undertaker, Wm. Thos. Gray

Place of Business, 65 Miller Office 262, Mad. Ave.

Eldridge C. Price, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81447

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
FEB 7 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry. 7, 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie Worthington Diffenderfer

~~Sex, Male or Female,~~ { Cross out the word not required in this line. } Female

Age, Five *Years,* — *Months,* One *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower,~~ { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } 168 N. Calhoun St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 168 N. Calhoun St.

Cause of Death, { First (Primary,) Diphtheria
Second (Immediate,) Paralysis of the heart

Duration of Last Sickness, Two weeks

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery *Medical Attendant.* C. H. Holbrook *M. D.*

Date of Burial, Feby 9th 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS,
Place of Business, 86 Park Ave. *Address* 185 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8/4448 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE FEB 7 1885

CERTIFICATE OF DEATH.

Date of Death, February 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McDonough.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} No - 145 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate), Consumption, (Lungs)

Duration of Last Sickness, Six (6) months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 8th 1885

Undertaker, M. Clarke & Sons

Place of Business, 92 S. Ann St

A. T. Clarke M. D.
Medical Attendant.

Address, 237 Gough St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, (19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81449

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 a. m. 5th February, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rebecca Russell

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 5-8 *Years,* 1mo *Months,* 1mo *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City- Maryland.

Duration of Residence in the City of Baltimore, All her Life

Place of Death, {Give street and number} 842 N. Baltimore St- Balto Md

Cause of Death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) " "

Duration of last Sickness, nearly three mths

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 8th 1885

Wm. J. Smith M. D.
Medical Attendant.

Undertaker, Saml H. Chase

Place of Business, 95 S. Howard St Address, 236 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

(over)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81450 ; *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fred. Repsh (Rikpo

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 41 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, nine years

Place of Death, { Give street and Number. } 260 N. Dallas St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, February 9th 1885

E. B. Fenby M. D.
Medical Attendant.

Undertaker Henry Hack

Place of Business, 309 N. Eutaw St. *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8 1457 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Carroll

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 345 Howard St

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpst cemetery

Date of Burial, Feb Ruary 8 1885

Undertaker, Her Cules sons

Place of Business, 95 Con Way St

Wm Boyle M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81452 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1885 BALTIMORE

Date of Death, Feb. 6, '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Baldwin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, colour

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anneamundel co.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 8 Cedar Row

Cause of Death, First (Primary), Paralysis

Second (Immediate), Phthisis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Ashes at Cemetery

Date of Burial, Feb 8, 1885

Undertaker, Alf Hemsley

Place of Business, 116 Charles St

Wm A Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

13

Permit No. 8143 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 8 1885 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, 6th Feb 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maria Garner

Sex, Male or Female, { Cross out the word not required in this line. }

Age, near 70 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Laundry Woman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Fred'k Co Md

Duration of Residence in the City of Baltimore, about 14 years

Place of Death, { Give street and Number. } 36 Boyd st

Cause of Death, First (Primary), Cancer of stomach

Second (Immediate),

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp st cemetery

Date of Burial, Feb 8th 1885

Undertaker Wm C Dungee

Place of Business, 62 East st

Wm H Hoe M. D.
Medical Attendant.

Address, 54 W Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 87454 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 8 1885 BALTIMORE

Date of Death, Feb 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Lindeman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~ *Years,* ... 1 7 *Months,* ~ *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1135 Exeter St.

Cause of Death, First (Primary), Diphtheritic Croup.

Second (Immediate), Apnoea

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feb 8th 1885

Undertaker, H. Lander & Son

Place of Business, 252 Paca St

J. W. P. Bates M. D.
Medical Attendant.

Address, 1127 E. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8145 *Office of Registrar of Vital Statistics.* Ward H

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 6 1885 BALTIMORE.

a

CERTIFICATE OF DEATH.

Date of Death, 3 o'clock P.M. Febry 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Kunigunda Sluki

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 7 *Months,* 21 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Rufe Beer Saloon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Herzogenaurach, Germany (Bavaria)

Duration of Residence in the City of Baltimore, 7 Yrs

Place of Death, {Give Street and Number.} 40 E Pratt

Cause of Death, First (Primary), Retained Adherent Placenta

Second (Immediate), Puerperal Septicaemia.

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feb 8th 1885

Undertaker, H Lander & Son

Place of Business, 252 Canton Ave *Address,*

C. A. Maguire M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81456

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *properly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 5 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} # 195 Church St

Cause of Death, First (Primary,) Phthisis in Ano

Second (Immediate,) Exhaustion Dg of 9

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 9/85

Undertaker, George Schilling

Place of Business, Monument & Augusta

Sam J Baltz M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to those on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81457 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Durkin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} County Mayo, Ireland

Duration of Residence in the City of Baltimore, About 45 years

Place of Death, {Give Street and Number.} 78 S. Castle Street

Cause of Death, First (Primary), Hepatitis

Second (Immediate), Jaundice

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Feb 9th 85

Undertaker, G. France

Place of Business, Bank & Wolfe Sts *Address,* 47 S. Peat Street

James F. Shane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81458

Office of Registrar of Vital Statistics. 15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH

Date of Death, February 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Long

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} Court in York st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, Nearly two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb Rucry 1885

Undertaker, Her Custer Row

Place of Business, 95 Con Wayt

Helias Hall M.D.,
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81459 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora Weber

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 71 Forsyth St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 9th Febry 1885

Undertaker Leonard Ring

Place of Business, 277 S. Bond St

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81460 *Office of Registrar of Vital Statistics.* Ward 2 S

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hannah

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* 3 *Months,* *Days*

Color, White

~~*Married,*~~ ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 70 Block St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb. 9th 85

Geo. B. Reynolds M. D.
Medical Attendant.

Undertaker, M. Cadigan

Place of Business, 27 Mulberry *Address,* 171 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Form

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8546 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Nelken

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} 211 E. Wolf St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, St. Aloysius Cimit

Date of Burial, February 9. 85

John H. Ruhberger M. D.
Medical Attendant.

Undertaker, Frank Crack & Co

Place of Business, 415 E. Lexington St *Address,* 243 Alice Anna St

---

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81462

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 7 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shimek

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,*

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, No special

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give street and number.} ~~Jas.~~ City Hospital

Cause of Death, First (Primary,) Fract. ribs caused by being run over by street car

Second (Immediate,) Shock & int. hemorrhage

Duration of Last Sickness, One hour & three quarters

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem. Alexander Hill, M. D.

Medical Attendant.

Date of Burial, Feby 9/85

Undertaker, Frank Grach Co.

Place of Business, 249 N. Durham st. Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21463 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 7 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora M Rellicker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 12 Twins *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 712 E Lanvale St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Cornel

Date of Burial, Feb 9 1895

Undertaker, Mr - Dipple

Place of Business, S. Bond St *Address,*

Jno A Slemons M.D.
Medical Examiner

Cor N. & N.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ed by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

(Lab C. Fitzpatrick. Sanitary Inspector,)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81464 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8" 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Wife of James A. Miller

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} Parturient

Age, ~~Years,~~ ~~Months,~~ 1/2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 116 Parkin St

Cause of Death, First (Primary),

Second (Immediate), Abortus

Duration of Last Sickness, Life

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 9" 1886

Undertaker, D W. Chase

Place of Business, Howard St

James A Harris M. D.

Medical Attendant

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, also to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81465 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 7th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary J. & John Bilson

Sex, Male or Female, {Cross out the word not required in this line.} Male {Parents

Age, — *Years,* — *Months,* 7 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 1140 Gilmor

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give Street and Number.} 1140 Gilmor

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, February 9th 1885.

Undertaker, Martin Gahey.

Place of Business, 126 & 128 W. Townsend St *Address,* 193 Pratt

G. W. Amos *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81466 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hotter Sister Mary Victoria

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sister Sister of Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Tyrol Europe

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Convent de Notre Dame Hospital

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb. 10th 1885

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* Sisters Club House

John F. Monnonier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81467 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha J. Hannah

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* 10 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norfolk Co Virginia

Duration of Residence in the City of Baltimore, about 45 years

Place of Death, {Give Street and Number.} 27 W. Burrough Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, Feb. 11th

Undertaker, B. Hark

Place of Business, No. 82 West Pratt *Address,* 195 West Lombard St

E. K. Wiley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81468 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 9 1885 BALTIMORE, MD.

Date of Death, Feb 8, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bergen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months.* 2 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 227 Balto ave

Cause of Death,
First (Primary), Pleuritis Privi 2 r l
Second (Immediate), ~~Loss of Blood~~ Insufficient Closure of Valve of the Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Feb 9

Undertaker, B. Harle

Place of Business, 82 West st

Leonard Locke M. D.
Medical Attendant.

Address, 114 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81469 *Office of Registrar of Vital Statistics.* Ward 3 ~~6~~

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Rawlings Rawling

Sex, Male or Female, { Cross out the word not required in this line. } M

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ..... ✓

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City.

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 5 d McElderry

Cause of Death, First, (Primary,) Pulmonary Congestion.

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Green Park

Date of Burial, Feb 9 1885

Undertaker, Wm S Frey

Place of Business, 512 Broadway

H. J. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 81470 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 9 1885

CERTIFICATE OF DEATH.

Date of Death, Feb 6 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Eugene McCone

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Collector

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, Life years

Place of Death, {Give street and number.} 363 Mosher St

Cause of death, First, (Primary,) Cerebral Pneumonia

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Life days

All the above information should be furnished by the Physician.

Place of Burial, Middletown Delaware

Date of Burial, Feby 10th 1885

Undertaker, Jno A. McCoy

Place of Business, 22 West Fayette

J. W. Clark M. D.,
Medical Attendant.

Address, 247 N. Fulton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3575 [Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81471 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby. 7 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis W. Middleduff

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 587 Lexington St.

Cause of Death, First (Primary). Tumour on Brain

Second (Immediate). Paralysis

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Chas Thalam Cem.

Date of Burial, Feby 10th 1885

Undertaker Wm Ellis

Place of Business, 101 Gough St

F. Donaldson M. D.
Medical Attendant.

Address, 10 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81472 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Sunday Feb 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick L. Feger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, Life time,

Place of Death, {Give Street and Number.} 314 Forrest St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Diphtheritis Croup with Asphyxia

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 9th 1885

Undertaker, Henry Hocek

Place of Business, 209 N Paca

Wilmer Bonitou M. D.
Medical Attendant.

Address, 85½ Chas St Res

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81473 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Duncan Brandt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} S

Occupation, Custom House Officer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 61 N Charles

Cause of Death, First, (Primary,) Dyspepsia & Fall

Second, (Immediate,) Asthma

Duration of Last Sickness, One week

All the above Information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial. Febry 10th 1885

F. E. Chatard M. D.,
Medical Attendant.

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8/4774

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Smith

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and number} 459 Gough St

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, M. E. Cemetery, Philpot Road

Date of Burial, February 10th 1885

C. Hall Smith M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway Address, Eastern Ave & South St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81475 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Friday 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie B Snyder

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, nw

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N. 3d Green not known

Cause of Death, First (Primary), (77)

Second (Immediate), Pthisis Pulmonalis

Duration of Last Sickness, 9 mo 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 10 th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmount Ave

J Hutton M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81476 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 9 1885

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb. 7th. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel W. Lippman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 253 N Dallas St.

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery

Date of Burial, Feb 10th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Extract on the Reverse Side.

Health Department, City of Baltimore.

Permit No. 8147 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY
FEB 9 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlie Krotz

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Pleasant Alley near Cross

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb 10th 1885

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 66 S. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

11th

Permit No. 81478

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella J Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, S

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 162 Cathedral St

Cause of Death, First (Primary,) Scrofula

Second (Immediate,) Asthenia

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

J. L. Lindsay M. D.

Medical Attendant.

Place of Burial, St Michaels Talbot Co Md

Date of Burial, Feb. 9th 1885

Undertaker, Wm Wadden

Place of Business, 46 East St

Address 28 Read St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81479 *Office of Registrar of Vital Statistics.* **Ward** 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Burke

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 55 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} No 54 E Wolfe St

Cause of Death, First (Primary), ...

Second (Immediate), Cerebritis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Feb 9th 85

Undertaker, G. France

Place of Business, Paul & Wolfe *Address,* 324 N. Broadway

J. H. Todd, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81480 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 18 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gebenski

Sex, Male or Female, {Cross out the word not required in this line.} ~

Age, ~ *Years,* ~ *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pols

Duration of Residence in the City of Baltimore, Since Life

Place of Death, {Give Street and Number.} 207 S Regester St.

Cause of Death, First (Primary), Trismus Nascentium

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cem.

Date of Burial, Feb 9 1885

Undertaker, G. Franz

Place of Business, Franz & Wolfe

John A. Kelberer M. D.
Medical Attendant.

Address, 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81481 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED FEB 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Heiner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 2 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Acute Mania

Second (Immediate), Asthenia & Exhaustion

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feby 10 1885

Undertaker, H Louis Schaefer

Place of Business, 109 W Fayette St

WEST M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Rules [illegible]

Board of Health, City of Baltimore.

Permit No. 81,482 — Office of Registration of Vital Statistics — Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1895.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Simpson

Sex, ~~Male~~ / Female, { Cross out the word not required in this line. }

Age, 70 Years 12 Months, [illegible] Days.

Color, Colored.

Married, ~~Single~~ / ~~Widow~~ / Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot Co — Maryland

Duration of Residence in the City of Baltimore, 45 years

Place of Death, { Give street and Number. } # 46 Eyston Street

Cause of Death, First, (Primary,) Phthisis & Pleuro Pneumonia

Second, (Immediate,) Asthma & Acute Cardiac Dilatation

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, Feb 10

Undertaker, A Hemsley

Place of Business, 116 Orchard Address, 1462½ Park Ave

Robt L Wilson, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81483 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie A. Motley

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 207 Dolphin St

Cause of Death, First (Primary),

Second (Immediate), Necrosis (of the foot)

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 10 1885

Undertaker, H. T. Kearns

Place of Business, N. Eutaw St

James A Steuart M. D.

~~Medical Attendant.~~

Address, County Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Ex. by Geo E Brown. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81484 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

14

Date of Death, Feb 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Harper

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 7 *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N & C. Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 9

Undertaker, G W Blizzard

Place of Business, 20 Pratt ave

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Wood. ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 81485 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, February 9th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Scholl

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* 1 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 299 N. Broadway

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Coma

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, Feb 12 1888 J. W. Skinner M. D.

Medical Attendant.

Undertaker, Henry Hook

Place of Business, 2309 N. Eutaw *Address,* 299 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 81486 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J. Wm. Sweeney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland,

Duration of Residence in the City of Baltimore, Thirty-six years

Place of Death, {Give Street and Number.} 28 S. Coll. Ave.

Cause of Death, First (Primary), Inhalation of Carbureted Hydrogen

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Feb. 11. 1885

Undertaker, M. A. Dwyer

Place of Business, 44 S. Bway

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Pratt. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba[illegible]

Health Department, City of Baltimore.

Permit No. 8148 7 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 8 85 9 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Campbell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. .....

Place of Death, {Give Street and Number.} St Josephs Hosp

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate), Strangulation from Hemorrhage

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, Feb 10th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

D. W. Mead M. D.

Medical Attendant.

Address, U S Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully ... w, and to List of Diseases on Bac...

Health Department, City of Baltimore.

Permit No. 81488 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hudnut Brady

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Co

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} 70 Eighteen St

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, February 11/05

Undertaker, H. Sanders & Son

Place of Business, 332 Eastern Av *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Spec... ...ians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 81489 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8th February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm S Yafamah

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 4 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 240 Hanover

Cause of Death, First (Primary), Pneumonia (Typhoid)

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Sat 10th Feb 1885

Undertaker, Amos Hamilton

Place of Business, 263 Light

H. W. Mebrey M. D.
Medical Attendant.

Address, 59 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ... Certificate.

Health Department, City of Baltimore.

Permit No. 81490 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hetrich

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 12 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 361 Orleans st

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feb 10th 1885

Undertaker, John Herwig

Place of Business, 382 Orleans st

James A Lewis M. D.

~~Medical Attendant.~~

Address, Camp & Wolfe

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McMcKeown Sanitary Inspector [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81421 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9" 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles A. W Pile,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 45 Bunker Court

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, Feb 10" 85

Undertaker, W. J. Gray

Place of Business, Mulberry St.

Ernest Lewis M. D.

Caroline St

Address,

...ct from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

& by

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...urs after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...certained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ...h.

[OVER.]

Jas O. Fitzpatrick, Sanitary Inspector

Board of Health, City of Baltimore.

Permit No. 81492 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, FEB. 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Goldheim

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years.

Place of Death, {Give street and Number.} 278 W Pratt St

Cause of Death, First (Primary), Spinal disease

Second (Immediate). Congestion of the Lungs

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Ohab Shalom Cemetery

Date of Burial, Feb 10

Undertaker Jacob Ahrens

Place of Business, 31 N High St *Address,*

A. F. Arnold *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The spe... ...is is Respectfully... ...ow, and to List of ... on Bu...

Health Department, City of Baltimore.

Permit No. 8793 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb. 9, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie E. Williams

~~Sex, Male or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give Street and Number.} 634 W. Fayette St

Cause of Death, First (Primary), Typhoid Fever.

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feby 11th 1885

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont *Address,* 584 W Fayette St

J. Lenthaeuser *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o[illegible]rtificate

Board of Health, City of Baltimore,

Permit No. 8149 F. *Office of Registrar of Vital Statistics.* Ward 12 C 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 8/85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } C. C. Hughes Switchtender

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } Cor Hoffman & Rinsom Sts

Cause of Death, First (Primary),

Second (Immediate) Senile Disease Heart,

Duration of Last Sickness, 3 Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb. 11th 1885

Undertaker Chas. T. Scriven

Place of Business, 271 N. Eutaw *Address,* 188 Hamilton

H. H. Miller *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81495 — *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Frisby

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation, ... (illegible)

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 16 Lafayette St

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Feb 11th 1885

Undertaker, Chas W Chase

Place of Business, 44 Broadway

U S Bivo M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8496 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Eichaus

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany One Week

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Enlarged Prostate

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Pleasant Cem

Date of Burial, Feb. 10: 1885

Undertaker, H. Snader & Son

Place of Business, 252 Eastern Ave

Fleck M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 61497 *Office of Registrar of Vital Statistics.* Ward 19 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 8th 1885 FEB 10 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 31 W Lanvale St

Cause of Death, First, (Primary,) .....
Second, (Immediate,) Consumption

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 11th 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St.

Wm. Warner M. D., Medical Attendant.

Residence 1 Fayette ave & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Certificate.

Health Department, City of Baltimore.

5 / 5th

Permit No. 8498 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

HEALTH DEPARTMENT FEB 10 1885 BALTIMORE MD.

Date of Death, 9th Feb. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Auntaff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* 5 *Months,* *Days* 7

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 84 McElderry St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th 1885

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline

E. J. Lyons M. D.
Medical Attendant.

Address, 875 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81499 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 10 1885

BALTIMORE

Date of Death, 9 February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Friedrich Bartell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 25 *Years,* 2 *Months.* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, jeweler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 3 N. Frederick Street

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb: 11th 1885

Undertaker, J. P. Byrne

Place of Business, 110 N Gay St *Address,* 205 W Lombard St

Dr L. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81500 *Office of Registrar of Vital Statistics.* Ward 1 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Healy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} No 44 E Gaulbert

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 2 or 3 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feby 12th 1886

Undertaker, M. Clarke & Sons

Place of Business, 92 O. Anne St

P. White M. D.
Medical Attendant.

Address, 44 E Gaulbert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

No. 81501

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 81501 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 7/86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna child of Lonny Barrett

Barrett

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ *Months,* One *Days*

Color, Colored

~~*Married,* *Single,* *Widow or Widower?*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 294 Orleans St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 294 Orleans St.

Cause of Death; First (Primary). Premature birth.

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Feb 9th 1886

Undertaker Wm Madden

Place of Business, #46 East

F. W. Chambers, M. D.
Medical Attendant.

Address, 132 N Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8150 2 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 9. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eleanora S. Lambird

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give Street and Number.} 933 Lexington St

Cause of Death, First (Primary), Pulmonary hemorrhage

Second (Immediate),

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, New Windsor Md

Date of Burial, Feb 11th 1885

James Bosley M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave. *Address,* 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

35 Park Ave

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to Rule [illegible]

Board of Health, City of Baltimore, 1885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81503

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 10 1885

Date of Death, Feb. 9/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Julia E. Lydon

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, about 61 *Years,* ~~about 61~~ *Months,* *Days.*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland, 37 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #26 ½ Robinson St.

Cause of Death First, (Primary.) Old Stomach & Intestinal Trouble

Second, (Immediate,) Collapse

Duration of last Sickness, a few Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb. 11th/1885

Undertaker, Matthew Cadogan

Place of Business, 27 Mulberry St.

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81304 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

FEB 10 1885

CERTIFICATE OF DEATH.

Date of Death, February 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Holland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* ~~Months,~~ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cecil County Md.

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and number.} No 164 Sisquith St near Gay

Cause of death, First, (Primary,) old age

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 11th

Undertaker, Geo Schilling

Place of Business, Ashland Square

A. Aronson M. D.,
Medical Attendant.

Address, 276 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8/565 *Office of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9. (6 P.M.)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lloyd Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 42 *Years,* — *Months,* — *Days* ✓

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 144 S Durham St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis of Heart.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Dallas St Cemetery

Date of Burial, Feb 11 '85

Undertaker, Wm S. Fry

Place of Business, 810 Broadway

A. T. Gosnell M.D.
Medical Attendant.

Address, 96 S Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8150 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 230 Plummers Alley

Cause of Death, First (Primary), Severe cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb 11th 85

Undertaker, Jas McGinniss

Place of Business, Plowman St

Geo T Stemmler M. D.

~~Medical Attendant.~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas V. Fitzpatrick Sanitary Inspector

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8107 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9 Feb 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lana F. Phillips

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 2 *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~; {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 71 N. Caroline St.

Cause of Death, First (Primary), Typho-malarial Fever.

Second (Immediate), Acute Typhoid State (developed on 8th)

Duration of Last Sickness, Was in attendance 5 days, but she had been sick probably 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 11

Undertaker, Turnbull Bros

Place of Business, S. Bond St

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81508 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 9 Feby 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days*

Color, Colord

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and number.} 103 [illegible]

Cause of death, First, (Primary,)

Second, (Immediate,)

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Shamp at Cemetery

Date of Burial, Feb 11 1885

Undertaker, A & Kennedy

Place of Business, 116 Gratz & 22

..... *M. D.,*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List o... ases on Back of this Certificate.

Health Department, City of Balt...ore.

Permit No. 81609 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jamie Briscoe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Two *Years,* *Months,* *Days*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 131 Sterling St.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} No. 138 Orchard St.

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Strangers Cemetery

Date of Burial, Feb 11 1885

Undertaker, A. J. Hemsley

Place of Business, 116 Orchard St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 W. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81510 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th. February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anny Rosenauer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 4 8 *Years,* 8 *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kirchbert, Baden, Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give Street and Number.} S. Durham Street Nro 200

Cause of Death, First (Primary), Pericarditis rheumatica

Second (Immediate),

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St. M. Cemetery

Date of Burial, Febr 11th 1885

Undertaker, Wm Claus

Place of Business, 101 Gough St.

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 11th

...act from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...urs after the death, to the Undertaker or other persons superinteuding the Burial, a certificate setting forth as ...scertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ...h.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81571 *Office of Registrar of Vital Statistics.* Ward 1 E[illegible]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Samuel Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months.* *Days*

Color, white,

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Leesburg Va.

Duration of Residence in the City of Baltimore, Twenty yrs.

Place of Death, {Give Street and Number.} 425 E. Lombard St.

Cause of Death, First (Primary), Pleuro-pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Harford Rd Friends Cemet'y

Date of Burial, Feb 12th

Undertaker, Wm. Fry

Place of Business, 81 north Broadway

G. G. Cook M. D.
Medical Attendant.

Address, 1 Balt. & East. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8152 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. (22)

Date of Death, 10th of February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Morrisey.

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty Eight (28) *Years,* *Months.* *Days*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} No 114 E. Eagan St. Baltimore.

Cause of Death, First (Primary), Bright disease of Kidneys

Second (Immediate), Dropsy. Anasarca & Ascites.

Duration of Last Sickness, Five or Six years.

All the above information should be furnished by the Physician.

Place of Burial Holy Cross

Date of Burial, 11 Feb 1885

Undertaker, Jno O Byrne

Place of Business, 63 N Front

W C. van Bibber M. D.
Medical Attendant.

Address, 47. Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8153 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 9th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. North.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give Street and Number.} 48 Hanover St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About 14 years.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feby 11 1885

Undertaker, Fred. H. Trail

Place of Business, Hanover St *Address,* 152 Sharp St.

R. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81574 *Office of Registrar of Vital Statistics.* Ward 18 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10th Feb: 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmer Alexander Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 10 *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto: Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 101 S. Gilmore

Cause of Death, First (Primary), Diptheritic Croup: —

Second (Immediate),

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb. 12 / 1885

Undertaker, I. B. Cook

Place of Business, Balto & Schroeder *Address,* 384 W Fayette St.

D. G. Cantiam M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81515 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ephraim Martin

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 81 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Carroll Co. Md.

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and Number.} 2 Federal St.

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb. 12/85

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 283 N. Eden St.

E. B. Fenby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81516

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 11 1885

CERTIFICATE OF DEATH.

Date of Death, Feb. 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabrina L Taylor

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 468 Eutaw Place, Balto

Cause of Death, First, (Primary,) Fracture of Femur

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Feby. 11th 1885

Henry Hunter M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 38 Park Ave.

Address, 468 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

Permit No. 8/517 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate. a B or C

CERTIFICATE OF DEATH.

Date of Death, 10th February 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jno. H Downs

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 52 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widower

Occupation, Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Mass

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give street and Number. } Corp Balto & Paca Sts

Cause of Death, First, (Primary,) Sclerosis of Kidney - Complicated

Second, (Immediate,) with organic disease of Heart

Duration of Last Sickness, Sudden

All the above information should be furnished by the Physician.

Place of Burial London Park Co

Date of Burial, Feb 12th 1885

Undertaker, D Emry & Mitchell

Place of Business, 530 W Fayette

Lt Jones M. D.,
Medical Attendant.

Address, 530 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81518 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 11/85

Undertaker, Vicks Needles

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave Catherine.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81519 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

H

HEALTH DEPARTMENT FEB 11 1885 BALTIMORE MD

Date of Death, Feb. 11/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 2 1 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Inanition.

Second (Immediate), Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 11/85.

Undertaker, Victor Needles

Place of Business, Sisson & Hammond

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave. Catons

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

9th

Permit No. 81520

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 9th "85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jno. Connolly

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 33 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Male

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland — in U. S. 13 years.

Duration of Residence in the City of Baltimore, Thirteen years.

Place of Death, { Give street and number. } 700 W. Hollins Ave

Cause of Death, { First (Primary,) Asphyxia from accidental drowning

{ Second (Immediate,) "

Duration of Last Sickness, 2 — 5m minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem. Alexander Still, *M. D.*

Date of Burial, Feb. 11th 85 Medical Attendant.

Undertaker, G. Francy

Place of Business, Zantz & Wolfe Sts Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8152 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 11 1885 BALTIMORE

Date of Death, February 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Rae Crane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent County Md.

Duration of Residence in the City of Baltimore, about fifty six years

Place of Death, {Give Street and Number.} No. 114 North Spring St

Cause of Death, First (Primary), Old age

Second (Immediate), Bronchitis and extreme exhaustion

Duration of Last Sickness, about three weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 11th 1885

Undertaker, Wm S. Fry

Place of Business, N. Broadway *Address,* 138 North Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, so far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81522 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis "Legare"

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* Two *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No 582 Harford avenue

Cause of Death, First (Primary), Premature birth.

Second (Immediate), Exhaustion

Duration of Last Sickness, Weak & thing from birth

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 11th 1885

Undertaker J. N. McCoy

Place of Business, 22 W. Fayette St

Chas. R. Sewell, M. D.
Medical Attendant.

Address, 533 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81523 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 11 1885 BALTIMORE MD

Date of Death, 10 February

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Bayne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Inf. of the Little Sisters of the Poor

Cause of Death, First (Primary), Tubular disease of heart

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 11 1885

Undertaker, L. B. Leach

Place of Business, W. Balto St *Address,*

Wm Finke Kayl M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 61524 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence McHugh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 40 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 5 Pleasant alley

Cause of Death, First (Primary), Nephritis

Second (Immediate), Hypostatic Pneumonia

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Feby 12th 1885

Undertaker, M. Clarke & Sons

Place of Business, 92 S. Arm st

James J. McShane M. D.
Medical Attendant.

Address, 117 E. Pratt Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81525 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Caroline Zeller

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 71 *Years,* 2 *Months,* 2 *Days.*

Color, C.

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, { Give street and Number. } 110 Ridgely Str:

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Uraemia.

Duration of Last Sickness, several months.

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, February 12th 1885

Undertaker Henry Hofman

Place of Business, 5 N. Eden St

Ritterand B M. D.
Medical Attendant.

Address, 258 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 81526 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, February 10th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Isaac Barry

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 13 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~ {Cross out the word not required in this line.}

Occupation Boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Over 9 years, since born

Place of Death, {Give street and Number.} Christ Church Rectory & Barnum

Cause of Death. First (Primary), Spinal Meningitis

Second (Immediate).

Duration of Last Sickness, 7 days

the above information should be furnished by the Physician.

Place of Burial, Washington, D. C.

Date of Burial, February 12th 1885

Undertaker M. A. Daiger

Place of Business, 7 & D. Sts

C. H. Mimi M. D.
Medical Attendant.

Address, Christ Church Rectory

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3879 Barnum [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81527 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Margaret Adams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 309 E. Baltimore Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feby. 11th 1885

Undertaker, M. A. Saiger

Place of Business, 74 S. Bway.

A. J. Bull M. D.
Medical Attendant.

Address, 234 Madison Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 18

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 1528

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 10 Feb 6 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Alice Pancoast Hunt Klinefelter

Sex, ~~Male~~ or Female, { cross out the word not required in this line. }

Age, 5 *Years,* 6 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, none

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Long Branch N. J.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 252 N Charles St Balto Md.

Cause of Death, First, (Primary.) Capillary Bronchitis

Second, (Immediate.) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 12th Feb. 1885

Henry T. Hunt M. D.
Medical Attendant.

Undertaker, John Coughlin Jr

Place of Business, Park & Laight *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Laws of Decrees on Back of this C

Board of Health, City of Baltimore,

Permit No. 81329 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis J McGuire

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ~~5~~ *Years,* 3 *Months,* ~~5~~ *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Physician

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 154 S. Sharp St. Bo. 2

Cause of Death, { First, (Primary,) Mental Disorder

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb. 13th 85

Undertaker, Hall. Jenkins Sons

Place of Business, Fort Avenue & Address, 210 Hollins

[illegible] M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 81530 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Corrine French

Sex, Male or Female, {Cross out the word not required in this line.} ...

Age, 28 Years, ... Months, ... Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 278 Lawrence St

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 12th 1883

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St

Wm B Silliman M. D.
Medical Attendant.

Address, 469 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Cer...

Health Department, City of Baltimore.

Permit No. 81531 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Lenart

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupdtion, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Ringgold St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peter Cemetery

Date of Burial, Feb 12th 1885

H. L. Stein M. D.

Medical Attendant.

Undertaker, Henry W. Means

Place of Business, 446 N Gay St

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81534 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aimée Pinot

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 90 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give Street and Number.} S 30. n Franklin

Cause of Death, First (Primary), Obstruction of bowels.

Second (Immediate), Exhaustion

Duration of Last Sickness, About — 7 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 13th 1885

A H Gaston M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, W. Fayette *Address,* S.W.S. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 81533 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Roberts

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* about *Months,* *Days,*

Color Col

~~*Married,*~~ *Single,* ~~*Widow or Widower;*~~ {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 26 Lorbert

Cause of Death, First (Primary), Catarrhal Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, About 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Church Hill Cemetery

Date of Burial, Feb 12th 1885

Undertaker Edwd H. Cohran

Place of Business, 198 E. Howard St

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8134 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, Feb 11 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James McGilly

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death,
First (Primary), Tuberculosis
Second (Immediate), asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cong. Cemetery

Date of Burial, Feb 13th 1885

Undertaker, Henry W. Sears

Place of Business, #45 E. Fayette St

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

For Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 815-35 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Chas.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Labor

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial. Feb 12th 1885

Undertaker, Henry W. Means

Place of Business, 46 N Gay St

M. R. Clark M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 81536 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Simms

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 Prices st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetery

Date of Burial, Feb 12 1885

Undertaker, Wm A Purnell

Place of Business, 62 East st

E. B. Jenby M. D.
Medical Attendant.

Address, 283 N. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Health Department, City of Baltimore.

Permit No. 81537 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Dunaw

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dunn Life

Place of Death, {Give Street and Number.} 112 Ridgedale

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co Md

Date of Burial, Febry 12" 1885

Undertaker, B. Hale

Place of Business, 52 Hanover

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3580 Hanover

[OVER.]

Health Department, City of Baltimore.

Permit No. 81538 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 10 18 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Brandt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 8 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 92 E Orleans St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 12 th 1895

Undertaker, John Hennaig

Place of Business, 982 Orleans St *Address,* 234 N Bond

G. F. Taylor *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81539 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Nieson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Goldsmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltic

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 934 N. Eden-st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), asthenia

Duration of Last Sickness, 2 yrs (about)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co. Ninth

Date of Burial, Feb. 13 th 1885 H. Sheets M. D.

Medical Attendant.

Undertaker, John Mc Nancy

Place of Business, 982 Orleans *Address,* 1408 E Eden-st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8/5740 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 12, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Keller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two (2) *Years,* Eight (8) *Months.* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} N. W. Cor. Aliceanna and Castle Sts

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, Eight Days

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens Cem'y

Date of Burial, Feb 13th 1885.

Undertaker, John Herring

Place of Business, 352 E. Eliza St. *Address,* Hooper & Hundley

Wm H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8134 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Chester

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 11 Months, 3 Days

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 176 Mulliken st

Cause of Death, First (Primary), Canton 176

Second (Immediate), Insufficient food

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, Feb 12/85

Undertaker, Geo Rinehart

Place of Business,

Wm N. Hill M. D.
Medical Attendant.

Address, 1962 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81324 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11 February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Linke

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kronfurth — Bavaria

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give Street and Number.} 20 Lexington Street

Cause of Death, First (Primary), Chronic croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem'y

Date of Burial, Feb 12 1885

Undertaker, A Boettner

Place of Business, 20 Lexington St

H F Reinhardt M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carlos Hemfeld

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 57 *Years,* 6 *Months,* ..... *Days.*

Color, ...

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cigarmager

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and number} 1 Franklin St Baltimore

Cause of Death First, (Primary,) .....

Second, (Immediate,) Phthisis

Duration of last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 13

Undertaker, H Dryfoos

Place of Business, ...

Jabez M. P. Penetta M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in [illegible] city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81544 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Weisbecker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 268 Orleans st

Cause of Death, First (Primary), Mal-Nutrition

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 12th 1885

Undertaker, W Diffel

Place of Business, N Bond st *Address,* .....

..... *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McNeven Sanitary Inspector [over.]

Health Department, City of Baltimore.

Permit No. 81545 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 11th February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A McGee

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty (30) *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cincinnati Ohio.

Duration of Residence in the City of Baltimore, Since Seven Months of age.

Place of Death, {Give Street and Number.} No 59 Pine Street Baltimore.

Cause of Death, First (Primary), Bright's Disease.

Second (Immediate), Uraemia.

Duration of Last Sickness, About Three Years.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Dem

Date of Burial, Feby 14th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 W Fremont

Wm C. VanBibber M. D.
Medical Attendant.

Address, 467 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8 1546 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11" 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Meyers.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years~~ *Years,* 3. *Months.* 5 *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 8 Ricketts Ct.

Cause of Death, First (Primary), Mal' Nutrition

Second (Immediate), Inanition

Duration of Last Sickness, all its Life

All the above information should be furnished by the Physician.

Place of Burial, Western Pub" Cem

Date of Burial, Feb 12" 1885.

Undertaker, F. A. Kuchmen

Place of Business,

..... M. D.

Comm. of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John. E. Dudley Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 81547 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy Ann Jabbour

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give Street and Number.} 29 S Fulton

Cause of Death, First (Primary), Old age

Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, Feb 13 1885

Undertaker, John O Poulus

Place of Business, 66 Frederick ave Address, 319 Hallin ave

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3581 Transit

Health Department, City of Baltimore.

Permit No. 81378 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Uffing

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give Street and Number.} 1883 Hanover Alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feby 12th 85

Undertaker, G. Franz

Place of Business, Bank & Wolfe Sts. *Address,* 1883 Hanover Alley

D. Tuite M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81549 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Connor

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore, Md.

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 137 S. Dallas

Cause of Death, First (Primary), Asthma

Second (Immediate), Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 13th

Undertaker, Wilson & Grace

Place of Business, 142 S. Caroline St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81330 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lilly M. Auger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 2 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 237 N. Caroline St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feb 13/1885

Undertaker, John W Jackson

Place of Business, 69 S Gay St

C. O. Stoner M. D.
Medical Attendant.

Address, 237 N Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81557 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ignis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* — *Months,* 23 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 107 Lidenhall St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of Brain & Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feb 14th 1885

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 446 Hanover St

Known Dr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81332 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Dressel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 28 Shay pl

Cause of Death, First (Primary), Pulm. Consumption

Second (Immediate), pharyngitis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 13th 1886

Undertaker, Fred Gaede

Place of Business, 218 S. Caroline St. *Address,* 12 S Eden

L O Whitewitz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81553 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11, '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months.* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 167 Forest st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 103 Green st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb. 13th 1885

Undertaker, Saml. W. Chase

Place of Business, 198 E. Howard st

Wm. Jones *M. D.*

~~Medical Attendant~~ Coroner

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81554 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Bias

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 36 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and Number.} 67 Orchard Av

Cause of Death, First, (Primary,) Pulmonary

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 18th 1883

Undertaker, Saml R. Chase

Place of Business, 198 E. Fayette St

J. A. Gillis M. D.,
Medical Attendant.

Address, 67 Orchard Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over.}

81555

Board of Health, City of Baltimore.

Permit No. 81556 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 11. 1885

Full Name of Deceased, {White legibly and spell correctly. If an infant not named, give names of parents.} Joseph Bender

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} 54 N Duncan Alley.

Cause of Death, First (Primary). Died suddenly, Most probably of disease of the heart

Second (Immediate).

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alexanders Cemt

Date of Burial, Feb 13 1885

J. H. Colburn M. D.
Medical Attendant

Undertaker John Hendrey

Place of Business, 382 Orleans Address, 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81556 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, July 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Forrester

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stage Manager

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England about 2 Weeks

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Bright's Disease of Kidneys

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemetery Catt.

Date of Burial, July 13th 1885

Undertaker, Jacob Ahrens

Place of Business, 316 E. Eight St. *Address,* University Hospital

J. Welch M. D.
Medical Attendant.

...ct from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...ON 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty ...ysician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and ... and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8157 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1915

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Person

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 76 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, House Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bell, Maryland

Duration of Residence in the City of Baltimore, 76 years

Place of Death, {Give street and Number.} 194 Stirling St

Cause of Death, First, (Primary,) Cirrhosis of liver with general dropsy

Second, (Immediate,) Apnea & Asthenia

Duration of Last Sickness, Six months

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 13th 1915

Undertaker, Wm J Grey

Place of Business, 65 —

Wm H Diffendaffer M. D.,
Medical Attendant.

Address, 140 Baker St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

Health Department, City of Baltimore.

Permit No. 8558 *Office of Registrar of Vital Statistics.* Ward 4.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry. 11th 1885 at 8 o'clock P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Mitchell.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* 1 *Months,* 12 *Days*

Color, Colored.

Married, ~~*Single,*~~ ~~*Widow*~~ or ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Washing and Ironing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 32 East St.

Cause of Death, First (Primary), Burn

Second (Immediate), Tetanus —

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cem

Date of Burial, Feby 13th 1885

Undertaker, Wm J. Gray

Place of Business, 65 — — —

C. F. Maguire M. D.
Medical Attendant.

Address, 28 S. Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81559 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Rosenthal

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.} Male

Age, Forty *Years,* — *Months,* — *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} North Prussia Seventeen Years

Duration of Residence in the City of Baltimore, Four Months

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Dropsy

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Rela Shalom Cemetery

Date of Burial, February 13

Undertaker, W. Eckau

Place of Business, 101 S. Gough St. *Address,*

A Friedenwald M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of Illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81560 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Braitegam

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 10 *Months,* 29 *Days*

Color, Color

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 327 N. Amity St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Eclampsia

Duration of Last Sickness, Two (2) Days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetry

Date of Burial, 13th / February

Undertaker, Henry Hofmann

Place of Business, 23 N. Eden St

S. W. Shuer M. D.
Medical Attendant.

Address, 327 N. Bayer Amity St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81561 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 10-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Remington

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 56 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore. .....

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Apnoea

Duration of Last Sickness, 2 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemy

Date of Burial, Feb 14th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

F. W Mead M. D.

Medical Attendant. Pro tem.

Address, U S Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81562 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Birtie Bintley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} F

Age, *Years,* 1 *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 1 Month

Place of Death, {Give Street and Number.} 39 Williamson St.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb Ruary 13 1885

Undertaker, Her Cules Ross

Place of Business, 95 Con Wash st

Wm. D. Ellis M. D.
Medical Attendant.

Address, 300 Leigh st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81563 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. T. Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} No 3. S. Duncan alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb Ruary 16 1885

Undertaker, Her Cules Ross

Place of Business, 75 Lon Wayst

S. T. Hoffman M. D.
Medical Attendant.

Address, 346 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8156 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Waters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 1 *Months,* 17 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 202 Chestnut

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 13th 1885

Undertaker, Or John Waters

Place of Business, 202 Chestnut St *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81565 *Office of Registrar of Vital Statistics.* Ward 13 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R. E. Sheridan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Bartlet St.

Cause of Death, First (Primary), Scarletina

Second (Immediate), Diptheria

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, Holy cross

Date of Burial, Feb 13th

Undertaker, John J Conran

Place of Business, 89 Lohin

Louis K. S. Horn M. D.
Medical Attendant.

Address, cor Mulberry & Myrtle av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

9 11/1

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81566

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

a

FEB 13 1885 BALTIMORE, MD.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 16 "85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas. E. Vollerdt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} ~~1~~ #35 Commerce St.

Cause of Death, First (Primary,) Valvular disease of Heart

Second (Immediate,) Paralysis of Heart

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 14 1885

Undertaker, Hus P Byrne

Place of Business, 63 Front st

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 8567 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febry 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Goldeman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 3 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 87 South Eden

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, In bed 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 15th

Undertaker, Geo Schilling

Place of Business, No 112 E Monument *Address,* 71 N Calvert

Geo B Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81568 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12 Feb 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary E Green

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 134 N. Caroline St.

Cause of Death, First (Primary), Chronic Ulcer of Duodenum Resulting in

Second (Immediate), acute Phthisis Pulmonalis

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, Feb. 13. 1885

Undertaker, H. Sanderson

Place of Business, 252 Cantonave *Address,* 314 E Balt St.

B F Lenard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81569 *Office of Registrar of Vital Statistics.* 18 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12th Feby, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank C. Lenard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 16 days *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 29 Ringgold St.

Cause of Death, First, (Primary.) Marasmus

Second, (Immediate.) ...

Duration of Last Sickness, Whole life

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, 13th Feby, 1885

Undertaker, Mr. W. Mears

Place of Business, Gayst.

R. C. Smith M.D.,

Medical Attendant.

Address, 106 Columbia Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81590 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Simpson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 Years, *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 42 Chestnut St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Hemorrhage

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, Feb 13/85

Undertaker, Geo. Rinehart

Place of Business, Forest Pla *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81571 Office of Registrar of Vital Statistics. Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Thursday Feb. 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Claudius McCrary

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 5 *Months,* 12 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ga. County Md

Duration of Residence in the City of Baltimore, Seven Years

Place of Death, {Give street and Number.} 260 N. Carey St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Anemia

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, Camp Parole B+O.R.R.

Date of Burial, Feb 14/85

Undertaker B. Cook

Place of Business, 709 W. Balto St

Elbrich M. D.
Medical Attendant.

Address, 51 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3582 Hanover [OVER.]

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81572

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13. 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ethel Chapman Farrar

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, ____ *Years,* 7 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life

Place of Death, {Give street and number} 110 Edmondson av

Cause of Death, First, (Primary.) Cerebro Spinal Meningitis

Second, (Immediate,) do

Duration of last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, Feb. 16/83

Undertaker, [illegible] 13. Cook

Place of Business, 707 N. Balto St

A Chandlee M. D.
Medical Attendant.

Address, 181 Garden st
64 N Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore.

Permit No. 81573 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice L. Sower

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* four *Months,* ow *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 20 Shields ally. Balto.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 201 Shields ally. Balto.

Cause of Death, First (Primary), Whooping-Cough

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Shars[illegible]-Cemetery

Date of Burial, Feb 14/1885

Undertaker A. C. Kennedy

Place of Business, 116 Orchard st

Silas Baldwin M. D.
Medical Attendant.

Address, 152 Townsend st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8137 4 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, February 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Duvall

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give Street and Number.} 103 Cathedral St

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, about four months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 13 1885

Undertaker, Alex Hunter

Place of Business, Marshall St

L. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81575 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH

Date of Death, July 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm B Berry

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Hartford Co Md

Date of Burial, Feb 14 1885

Undertaker, Wm Hemsley

Place of Business, 116 Orchard St

A Welch M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3583 Transit

[over.]

Board of Health, City of Baltimore,

Permit No. 81576

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret Münnenberg

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 1 *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give street and number.} 112 N. Paca St.

Cause of Death, First, (Primary.) Softening of Lung

Second, (Immediate.)

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, Feb 4th 1885

Undertaker, Frederick Wiegand

Place of Business, 166 Druid Hill Ave

Wm B. Keen, *M.D.,*
Medical Attendant.

Address, 95 S. Howard St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8157 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Feby 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet E. Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 7 *Months.* — *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 Boyd St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 13th 1885

Undertaker, Saml W. Chase

Place of Business, 198 E. Howard St

H. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Extract from Regulations on this Certificate.

Board of Health, City of Baltimore,

Permit No. 81578 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febry. 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie E. McKewell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 4 *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 157 N. High st.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Hemorrhage (intestinal)

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, February 14

{*Undertaker* Wm H. Heckman

Place of Business, N. 234 N Gay st} *Address,* # 305 St. Caroline St.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [over.]

Health Department, City of Baltimore.

Permit No. 8157 9 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Owens & Lida Johnson (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 103 N Dallas st

Cause of Death, First (Primary), Premature birth

Second (Immediate), Inanition

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Feb 13th 1885

Undertaker, W. W. Madden

Place of Business, East st

..... *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McM^cKeown Sanitary Inspector [over.]

Health Department, City of Baltimore.

Permit No. 8158 0 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. F. Hayes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Peddlar

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 14 a Ridgely St.

Cause of Death, First (Primary), Phthisis pulm.

Second (Immediate), Asthenia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 13th 1885

Undertaker, Geo. Leimbach

Place of Business, 389 W. Pratt St *Address,*

[illegible] *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8158 1 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella Bardelman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give street and Number.} 371 E. Fayette

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Thompsons Cem.

Date of Burial, Feb 14th 85

Undertaker G. Francey

Place of Business, Davis & Wolfe *Address,* 344 E. Baltimore St.

J. H. Colburn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over

Health Department, City of Baltimore.

Permit No. 87582 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febr. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Dietz

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 575 E. Fayette st

Cause of Death, First (Primary), old age

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, Feb 14th 85

Undertaker, G. Frazer

Place of Business, Pauls & Wolfe Address, 325 E. Baltimore

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81583

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1885

CERTIFICATE OF DEATH.

Date of Death, Febouary 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tobitha Parker

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 60 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give street and number} 51 Onondaga St.

Cause of Death First, (Primary,) Carcinoma of Uterus

Second, (Immediate,) Paralysis of Heart

Duration of last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Ewell Station Va

Date of Burial, Feb 13 - 85

R. S. Martin *M. D.*
Medical Attendant.

Undertaker, Kemp & Mitchell

Place of Business, 530 W Fayette St *Address,* 51 Onondaga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3585 Transit

Health Department, City of Baltimore.

Permit No. 81384 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

2

CERTIFICATE OF DEATH.

Date of Death, Feby 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Delaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Coal Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Res. 16 Concord St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorrhage, Exhaustion

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Feb 11

Undertaker, Henry McGinnis

Place of Business, No 8 N Central Ave

Geo O Reynolds *M. D.*
Medical Attendant.

Address, 171 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81585 *Office of Registrar of Vital Statistics.* **Ward** 18 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 11th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary A Walsh

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 43 *Years,* — *Months.* — *Days,*

Color, White

Married, Single, Widow or ~~*Widower*~~, { Cross out the word not required in this line. } V

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and Number. } 609 N Gratt St

Cause of Death, First (Primary),

Second (Immediate). Cancer of the Breast

Duration of Last Sickness, ~~1 Yr~~ 18 months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, February 14th 85 — *M. D.*

Medical Attendant.

Undertaker Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 446 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 81586

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT
FEB 15 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca F Lucas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Barbadoes

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give street and number.} 56 Park Ave

Cause of Death, First, (Primary.) Premature Old Age.

Second, (Immediate.) General failure of old age from old and worn out body

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Ground

Date of Burial, Saturday Feby 14th 1885

C. R. Morgan M.D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

Address, 119 N. Monument St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to Rule 12 on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81587 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Armbrewster

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* 11 *Months,* 2 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Waldorf, Wurtemberg, Germany

Duration of Residence in the City of Baltimore, 52 Years.

Place of Death, {Give street and Number.} 124 Wind St

Cause of Death, First (Primary), Jaundice.

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16/85

Undertaker J B Work

Place of Business,

John. L. Kloz M. D.
Medical Attendant.

Address, 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81588 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febuary 13th - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie May Kirwan

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 1 *Year,* 5 *Months,* ~~Days~~

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, - Life

Place of Death, {Give Street and Number.} No 405. E. Lombard st

Cause of Death, First (Primary), Leucocythemia

Second (Immediate),

Duration of Last Sickness, 5 Months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, Feb 15/85

Undertaker, Wm S Fry

Place of Business, 814 Broadway

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81589 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 14 1885

CERTIFICATE OF DEATH.

Date of Death, February 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Madelina Blazer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, Seventy Five *Years,* Eight *Months,* Seventeen *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 58 Chew Street

Cause of Death, First (Primary), General debility

Second (Immediate), Old Age

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cemetri

Date of Burial, Feb 15 th 1885

Undertaker, John Henrici

Place of Business, 382 Orleans St

Wm H Henderson, M. D.
Medical Attendant.

Address, Nr 107 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8/590 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 12 February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dietrich Hestenberg

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 38 *Years,* 11 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, grocery

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 107 Salisbury Street

Cause of Death,

First (Primary), Erysipelas of the leg

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 15th

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

L E Blackiston M. D.
Medical Attendant.

Address, 205 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81591 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 13/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 59 Lincoln Locust Pt.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, February 14th 1885

Undertaker, Leonhard Kurz

Place of Business, 277 S. Bond Str.

R. W. Manofield M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8692 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine M. Woodland.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 80 *Years,* —— *Months,* —— *Days*

Color, Black -

~~*Married,*~~ *Single, Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md -

Duration of Residence in the City of Baltimore, 12 years -

Place of Death, {Give Street and Number.} 34 Hoffman alley -

Cause of Death, First (Primary), asthma . age -

Second (Immediate), Exhaustion -

Duration of Last Sickness, In bed 2 years -

All the above information should be furnished by the Physician.

Place of Burial, St Peters.

Date of Burial, Feb. 14/85 -

Undertaker, Morgan & Pye

Place of Business, no - 9 Mulberry st.

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81593 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 13/85 Immediate

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Hartlett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 5 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 72 Millington

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Febr 15th 1885

Undertaker, Peter Frey

Place of Business, 91 Estern Av.

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8159 — *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Callahan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 266 N. Pine st

Cause of Death, First (Primary). Heart disease

Second (Immediate). Expiration of the lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, Feb 16th 1885

Undertaker Henry W. Mears

Place of Business, #45 N. Gay St *Address,* 228 E. Fayette st

Wm. B. Atkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 8158 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Taylor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days.*

Color, white

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 171 N. Fremont St.

Cause of Death, First (Primary).

Second (Immediate) Consumption.

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, Feb 15th 1885 J. H. Miller M. D.

Medical Attendant.

Undertaker Henry W. Mears

Place of Business, #45 N Gay St *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8159G *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Trublin

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 27 N Front St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, Sat. Feb. 14, 1885

Edward P. McDevitt M. D.
Medical Attendant.

Undertaker, Henry A. Gunning

Place of Business, 8 N Central St *Address,* 67 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 8137 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Randlie

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5½ months

Place of Death, {Give Street and Number.} No 1 Malden St

Cause of Death, First (Primary), Puerperal fever

Second (Immediate), Septicaemia.

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Febr 15th 1885

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts *Address,* 170 S. Sharp St.

Jno Buchanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 61598 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos. W. Illingshead

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Agent Fidelity & Ins Line Railway

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} No. 216 Canoga Ten Ave

Cause of Death, First (Primary), Atrophy of the Liver

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Feb 15th 1885

Undertaker, Heuf Erkins & Son

Place of Business, Park & Saratoga

Thomas Shearer M. D.
Medical Attendant.

Address, 197 F. Chase St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81599

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
FEB 14 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Friday 13/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Moore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 6 *Months,* 7 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 125 Division St

Cause of Death, {First (Primary,) Second (Immediate,)} Phthisis Pulmonalis

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, Feby 15th 1885

Undertaker, Mrs Weaver

Place of Business, 202 N Eutaw St

Thos. J. Ward M.D.
Medical Attendant.

Address 129 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 81608 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 14 1885 BALTIMORE MD

Date of Death, Feb 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ~~Months,~~ ~~Days~~

Color, Black

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} 9 Peach Alley.

Cause of Death, First (Primary), Spine affection

Second (Immediate), Asthenia

Duration of Last Sickness, 3 years in Bed

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15th 1885

Undertaker, Dan'l W. Chase

Place of Business, E. Howard St *Address,* [redacted]

Thomas A Glenn M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Snyder Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 81601 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, FEB 14 1885 BALTIMORE

Date of Death, February 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Snageley

Sex, ~~*Male*~~ *or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 23 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Liborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, His wholey life.

Place of Death, {Give Street and Number.} 532. Gross St

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, 10 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb. 14/85

Undertaker, J. B. Cook

Place of Business, 207 N. Balto St. *Address,* 582 W. Fayette

J. McShane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81604 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 12/88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months.* — *Days*

Color, cd

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 4 1/2 Biddle alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, about 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Cornfield Balto County Md

Date of Burial, Feby 14/88

Undertaker, Alex Hunter

Place of Business,

Thos A Clemens M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Examined by Geo E Brown Inspector

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13th at 10.30 PM.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Virginia Brooks.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months, 13 Days.

Color, Light Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 45 State St.

Cause of Death, First (Primary,) Convulsions.

Second (Immediate,)

Duration of Last Sickness, about 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery Edward M. Wise M. D.

Date of Burial, Feby 15th 1887 Medical Attendant.

Undertaker, Thos J Gray Address 199 N Howard St.

Place of Business, 65 ~~—~~ Grace Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81604 *Office of Registrar of Vital Statistics.* **Ward** 11 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 14 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feb 12th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Haisley

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 195 N. Biddle St

Cause of Death. First (Primary), Typhoid Fever.

Second (Immediate), Supposed Hemorrhage of bowel

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Feb. 15 '85

Undertaker M. F. Dwyer

Place of Business, 94 E Bway

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...RTIFICATE OF DEATH,

61605 (To be Retained by Physician.) 10

Date of Death, Feb 1st 85

Name of Deceased, Harry E. Hammond

Sex, Male ~~or Female~~

Age, 1 day

Color, white

Married, Single, Widow or Widower,

Occupation,

Birthplace, City

Duration of Residence in B. C. Life

Place of Death, 16 Argyle ave

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of last Sickness,

REMARKS.

Green Mount
Feb 15th 85
J. J. Andrews
Undertaker
Certificate
To be supplied by Dr. T. Cooke

John Murphy & Co., City Printers and Stationers.

Health Department, City of Baltimore.

Permit No. 81606 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Immel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63- *Years,* *Months,* *Days*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1½ years

Place of Death, {Give Street and Number.} 18- East Ave

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, 1- week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Feb 16th 1885

Undertaker, Walter Immel.

Place of Business, 315 W. Biddle St *Address,*

H. J. Hunt M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81607 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Chase

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months.* 29 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Colored

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 28 Peach Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford Cemetery

Date of Burial, Feb Friday 13 1885

Undertaker, Chas Euler Son

Place of Business, 95 Lan Wayst

Sml Bell M. D.
Medical Attendant.

Address, 161 Park

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81608 *Office of Registrar of Vital Statistics.* **Ward** 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 12. 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rufus Francis Howard.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* 7 *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Caroline Co. Md

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 160 Wilmer alley

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, about 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, Feb 15 1888

Undertaker Hercules Ross

Place of Business, 95 Con Wayst *Address,* 24 & 26 W. Pondard

H. Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81609 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Reed

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 310 Montgomery St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 15 1885

Undertaker, Hercules Ron

Place of Business, 95 Con Way st

R. McHaell M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81610 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 14 1885 BALTIMORE

68

CERTIFICATE OF DEATH.

Date of Death, February 12th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Harris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Co

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 70 Conway St

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, a few

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, February 15 1885

Undertaker, Chas Cuberson

Place of Business, 85 Low Wayne St

L. J. Bell M. D.
Medical Attendant.

Address, 161 S. Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81611

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 13 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Miss M. Madeline Jagues,

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 42 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } New Jersey,

Duration of Residence in the City of Baltimore, 17 years,

Place of Death, { Give street and number. } 326 N. Fremont St,

Cause of Death, { First (Primary,) Bright's

Second (Immediate,) Oedema Pulmonum,

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Rahway N J

Date of Burial, Feby 16th 1885

Undertaker, John R. Monaghan

Place of Business, 298 Penna Ave

J. L. Ingle M. D.
Medical Attendant.

Address 247 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

3587 Hanover

Board of Health, City of Baltimore,

Permit No. 81617 *Office of Registrar of Vital Statistics.* Ward 14 el

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 14 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 2.12.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Floyd Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days,*

Color, col

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 8 mos

Place of Death, {Give street and Number.} 52 Harmony Lane

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial Shorb's Cemetery

Date of Burial Feb 14 1885

Undertaker, Wilson & Dorsey

Place of Business, # 62 Scott st

Wm E Edmunds M. D.,
Medical Attendant.

Address, 324 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8163 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 14 — 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Hamburger

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *8 Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Infantile

Place of Death, {Give Street and Number.} 42 N. Mc Elderry St

Cause of Death, First (Primary), Entero Colitis

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Friendship Congregation

Date of Burial, Feb. 15. 1895

Undertaker, Wm. H. Hickman

Place of Business, 2341 Gay St.

E. Hamburger M. D.
Medical Attendant.

Address, 8 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81614 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 60 *Years,* *Months,* *Days*

Color, Colored

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co 15 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), asthenia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.y

Date of Burial, February 15 1885

Undertaker, John P Rowles

Place of Business, 66 Fredrick Av

F West M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81615 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. a

Date of Death, Feb 13th — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruben Taylor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 2 yrs. Born in Baltimore

Duration of Residence in the City of Baltimore, 2 yrs 4 mos. 10 days

Place of Death, {Give Street and Number.} Hanbury St 280

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Clemens

Date of Burial, Feb 16th 1885

Undertaker, Sam'l W Chase

Place of Business, 198 E. Monroe St

Wm P. Coleman M. D.
Medical Attendant.

Address, University of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

16

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81616

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
FEB 14 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 17 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and number.} No 26 Haw st

Cause of Death, First (Primary,) Convulsions

Second (Immediate,) ...

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery J Edward Kirby M. D.

Date of Burial, Feb. 16th 1885 Medical Attendant.

Undertaker, Saml H. Chase Address 82 Columbia Avenue

Place of Business, 198 S. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, exeept in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore,

Permit No. 8167 *Office of Registrar of Vital Statistics.* **Ward** 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan 13. 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Owen Dorsey

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, Fourty *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Laborer Married

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Leo. Md

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and Number.} No 18. Short St. 56 Lemmon St

Cause of Death, First (Primary), Cardiac & pulmonary disease

Second (Immediate), Failure of heart

Duration of Last Sickness, Six months.

the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 15/85

Undertaker J J Locke

Place of Business,

Geo Guthmann M. D.
Medical Attendant.

Address, The Dispensary City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 5176 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents,} Michael F. Leigh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 21 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 295 N. Amity St

Cause of Death, First (Primary), (Non closure foramen ovale) Cyanosis

Second (Immediate),

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, Feb. 15th 1885

J. W. Bloomer M. D.
Medical Attendant.

Undertaker, Adam Leigh

Place of Business, 161 N. Gay Address 161 N. Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81619 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 14 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Doyle

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 39 Lemon St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Inanition

Duration of Last Sickness, Not over one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Sem

Date of Burial, Feb 16 1880

Undertaker, Michael Doyle

Place of Business, 200 S Charles

John Duff M. D.
Medical Attendant.

Address, 1 Fayette Monument Sq

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8620 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

18 C

CERTIFICATE OF DEATH.

Date of Death, February 13th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Polst

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 70 *Years,* *Months,* ~~Days~~

Color, White.

~~Married, Single,~~ *Widow or* ~~Widower~~, {Cross out the words not required in this line.} Widow

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore. 40 years

Place of Death, {Give Street and Number.} No 154 S. Spring st

Cause of Death, First (Primary), Hypertrophy of the Heart

Second (Immediate), Dropsy

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, St Johns R.C.

Date of Burial, Feb 15th

Undertaker, W. Lippe

Place of Business, 151 S Bond st

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 11621 — *Office of Registrar of Vital Statistics.* — Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laurence Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* *3* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 101 E. Amity

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 16

Undertaker, W Dippel

Place of Business,

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8/622

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Fred. Seintz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* eight *Days.*

Color, white *Sex,* male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 203 S. Broadway Baltimore

Duration of Residence in the City of Baltimore, eight days

Place of Death, {Give street and number.} 203 S. Broadway

Cause of Death, {First (Primary,) Spasms

Second (Immediate.) Seven months old

Duration of Last Sickness, eight days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, February 15. 1885

M. D.
Medical Attendant.

Undertaker, H. Sander Sons

Place of Business, 252 Canton Ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Health Department, City of Baltimore.

Permit No. 8623 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 12th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Weatherstine

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 36 Eastern Ave.

Cause of Death, First (Primary), ...

Second (Immediate), Malarial Fever

Duration of Last Sickness, Last week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, Feby 15. 1885

Undertaker, H. Sander & Son

Place of Business, 262 Canton Ave *Address,* 2418 Boston St

D. A. Hatchy, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8624 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Clara Tyler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 5 *Months.* 27 *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 93 Chestnut St.

Cause of Death, First (Primary), Puerperal Fever

Second (Immediate), Shock

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Carroll Co Md

Date of Burial, Feb 16 1885

Undertaker, Alex Kennedy

Place of Business, 116 Richard St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Donato 35 88

[over.]

Board of Health, City of Baltimore,

(9

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No 81625

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~correctly filled~~ *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

15

CERTIFICATE OF DEATH.

Date of Death, Feby. 13 " 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Sallie Lewis

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, Col. 40 *Years,* — *Months,* — *Days.*

Color, Col. *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, { Cross out the words not required in this line. }

Occupation, Cooking

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. Co. Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, { Give street and number. } No. 2 Davis St.

Cause of Death, { First (Primary,) Pneumonitis (acute)
Second (Immediate,) Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Alex Hill M. D.

Date of Burial, 15 of Feb. Medical Attendant.

Undertaker, Edward Mason Address # 43 N. Calvert St.

Place of Business, 3 Mechanic St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 8626 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Chr Danckert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* *Days*

Color, white.

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, watch maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} N 66 S. Central Ave.

Cause of Death, First (Primary), Purulent Cystitis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 17th 85

Henry Palzer M. D.
Medical Attendant.

Undertaker, John C Schultz

Place of Business, 265 Aliceanna *Residence,* 169 N. Charles St

---

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Rossing

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 3 *Months,* 1 *Days.*

Color, White *Sex,* Female

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 592 Hartford ave

Cause of Death, First (Primary,) Heart disease

Second (Immediate,) "

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, Feb 16th 1885

A. G. Watson *M. D.*
Medical Attendant.

Undertaker, [illegible]

Place of Business, 196 E Balt *Address* 437 N. Central ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore.

Permit No. 81628 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Riall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Factory hand

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 82 Mulberry St

Cause of Death, First (Primary), Gastritis. (Drinks)

Second (Immediate), Asthenia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Feb 16

Undertaker E. H. Blizzard

Place of Business, 201 Penn ave

A Friedenwald M. D.
Medical Attendant.

Address, 88 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81629 *Office of Registrar of Vital Statistics.* **Ward** 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday Feb. 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Infant Carroll

Laura E. Carroll } Parents

Sex, Male or Female, {Cross out the word not required in this line.} Albert G. Carroll }

Age, — *Years,* — *Months,* 1 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Cor Wilhelm & Payson

Cause of Death, First (Primary), (6 Months footes)

Second (Immediate), Marasmus

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feby 16" 1885

Undertaker Albert G. Carroll

Place of Business, Wilhelm & Payson *Address,* 760 Marquette St.

C. D. Morris *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

Permit No. 81630 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Jul 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} N. Luther Annis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S.

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give street and Number.} 268 North Howard St.

Cause of Death, First (Primary),

Second (Immediate) Pulmonary Phthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, Feb 16 1885

J. Miller M. D.

Medical Attendant.

Undertaker H. P. Sherrer

Place of Business, Westminster Md *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3589

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81631 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robt Williamson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 96 Eastern Av,

Cause of Death, First (Primary), Pneumonia,

Second (Immediate),

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Bath Cemetery

Date of Burial, Feb. 16 1885

Undertaker James, D. Byrne

Place of Business, No 62 N Front St

L. W. Hoeck M. D.
Medical Attendant.

Address, 75 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81634 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jany 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Downey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 49 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Saier

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. 26 years

Place of Death, {Give Street and Number.} 96 Hanover

Cause of Death, First (Primary), ...

Second (Immediate), Mania a potu

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, February 16th 188[illegible]

Undertaker, Wm. J. McKnew

Place of Business, 65 S. Eutaw St

S C Buck M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81633 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 15/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Ricks

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 148 S. Edenoh.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Glandular Abscess

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Feb. 17 1885

R. W. Mansfield M. D.
Medical Attendant.

Undertaker, Michael Feely

Place of Business, 38 Bond *Address,* 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8163 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1885

C

CERTIFICATE OF DEATH.

Date of Death, February 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Keller.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 58 Years, Months, Days

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Switzerland.

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give Street and Number.} 1067 W. Baltimore St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Bone Brae Cemetery.

Date of Burial, February 17th.

Undertaker, B. Hearle.

Place of Business, 82 West Street

R. J. H. Tall, M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81635 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, February 15th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Lardemann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 63 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 44 years

Place of Death, {Give Street and Number.} 314 S. Eutaw st

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Prostration

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, February 18 84

Undertaker, B. Harle

Place of Business, 82 West Street

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 W. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 81636 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 13 1885

CERTIFICATE OF DEATH.

Date of Death, July 14

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Edgar

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore. 1 ~ 14

Place of Death, {Give Street and Number.} 4 Wall pl

Cause of Death, First (Primary), Burned

Second (Immediate), Nervous Prostration (6 days)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Hill

Date of Burial, Feb 16/85

Undertaker, Cunningham

Place of Business, 263 Light

Dr. H. Ellis M. D.
Medical Attendant.

Address, 319 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81637 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH
FEB 16 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Forest

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 58 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Tennessee

Duration of Residence in the City of Baltimore, 57 years

Place of Death, {Give street and Number.} 51 Hope st

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Until Death

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 16th 1885

Undertaker Geo. Leinbach

Place of Business, 389 W. Pratt St. *Address,* 2261 Eutaw

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81638 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 16 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie May Kippard.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, ~~Child~~ Nothing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} 294 E Monument Street

Cause of Death, First, (Primary,) Cardiac Dropsy · acute

Second, (Immediate,) Exhaustion

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 17 th

Undertaker H. C Wiedefeld

Place of Business, 90 Fremont Ave

J E Heard M. D.,
Medical Attendant.

Address, 216 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 21639 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby. 13 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Owen Leonard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* —— *Months,* —— *Days*

Color, Wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drove garbage cart

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 19 Fish Market Space

Cause of Death, First (Primary), Gunshot wound in left side

Second (Immediate), Int. Hemorrhage from rup— tured aorta

Duration of Last Sickness, 20 minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, Feb 16th 85

Undertaker, James P. Byrne

Place of Business, N. Front St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81640 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara M. Platz

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months.* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Fayette & Washington Sts.

Cause of Death, First (Primary), Phlegmonous Erysipelas

Second (Immediate), Pyaemia

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 16 th 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* Balt. & Hanover

L. H. Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81641 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 14 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celacie S. Alexander

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Yrs.

Place of Death, {Give Street and Number.} 416 E. Fayette

Cause of Death, First (Primary), Puerperal Peritonitis - Big Belly Disease

Second (Immediate), As Above

Duration of Last Sickness, Eight (8) days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery Belair Road

Date of Burial, Feby 17th 1885

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 71 So. Broadway

J. L. Winston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 10

Permit No. 8164 2. *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary & John McFadden

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 424 Lee Alley

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 17 84

Undertaker, H. C. Wiedefeld

Place of Business, 20 Greenmount Av

James H Clemens M. D.

~~Medical Attendant~~

Coroner's Phy

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Sec'y C. Fitzpatrick, Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 87643 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Kelly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} East Madison St No 330

Cause of Death, First (Primary), Injury

Second (Immediate), Cancer of the left mamma

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Ck

Date of Burial, Feb 17 1883

Undertaker, Henry Hoeck

Place of Business, 303 N Central Av *Address,* 18 N Broadway

Milton J Rugh *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81614 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 2.14.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Diggs
James

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days,*

Color, ck

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Oyster-Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 76 Gorsuch alley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) 3 Days Impulse

Duration of Last Sickness,

At the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Feb Rucary 17 1885

Undertaker, Chas Euler Ross

Place of Business, 75 Con Wayst

Wm Eastman M. D.,
Medical Attendant.

Address, 349 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81645 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Quill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 20 *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 24 Peach alley

Cause of Death, First (Primary), ...

Second (Immediate), Umbilical Haemorrhage

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpist Cemetery

Date of Burial, Feb 16th 1885

Undertaker, Her Eules Ross

Place of Business, 14 Cor Way st

L. M. Hall M. D.
Medical Attendant.

Address, 267 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81646 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mc Goath

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 44 Cookson st

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, Feby 16. 1885

Undertaker, M. A Lavin

Place of Business, 74 S Bway

P. Welch M. D.,
Medical Attendant.

Address, 24 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81647 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 16 Feby 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Schwartz.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* — *Months.* — *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, 3½ years.

Place of Death, {Give Street and Number.} 66 E Pratt St

Cause of Death, First (Primary), Acute Catarhal Pneumonia

Second (Immediate), Asphyxia. Apnoea

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Hill Crest Cemetery

Date of Burial, February 16

Undertaker, Wm Eilau

Place of Business, 101 Baugh St *Address,* 314 E. Baltimore St.

B. F. Leonard *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81648 *Office of Registrar of Vital Statistics.* Ward 4 & 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 16 1885

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Holt.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 5 *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 42 Douglass St

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Green St Cem

Date of Burial, Feb 16-1885

Undertaker, W W Madden

Place of Business, 46 East St

C. G. Grafton M. D.
Medical Attendant.

Address, 13 Bible St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81649

Office of Registrar of Vital Statistics. 3

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Jan. 14th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Geiger

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40. Years

Place of Death, {Give street and number.} 44. N. Durham St.

Cause of Death, First, (Primary.) Old. Age

Second, (Immediate.) Injury by falling Down Stairs Intern

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Michael Cemetry

Date of Burial, Febr 17th 1885

Undertaker, Peter Frey

Place of Business, 91 Eastern Av.

Geo. W. Barkman M.D.,
Medical Attendant.

Address, 380. E. Fayette St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81650 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Kinsella

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 247 Hollander

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, July 17 1885

Undertaker, John S Thacker

Place of Business, No 150 Lond[illegible]

P. W. McSherry M. D.
Medical Attendant.

Address, 189 W Hamilton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 81657 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REAL ESTATE TITLE CO. FEB 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Hess

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* 3 *Months,* 25 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 177 Germane

Cause of Death, First (Primary), Chronic Asthma

Second (Immediate), Pleuro Pneumonia

Duration of Last Sickness, 18 months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 17th 1885

Undertaker John S. Mackey

Place of Business, No 150 Eastern Ave

D. P. Holman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

{over}

Health Department, City of Baltimore.

Permit No. 81652 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 1. 1885

Date of Death, February 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes A. Steigerwald

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} No 57 S. Register st

Cause of Death, First (Primary), Phthisis Pulm.

Second (Immediate), Exhaustion

Duration of Last Sickness, several years.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, 16th February

Undertaker, Henry Schwartz

Place of Business, 3 N Eden St

L O Whitewright M. D.
Medical Attendant.

Address, 125 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81653 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Nov. 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Welty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 3 *Months,* 8 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 154 So. Regester

Cause of Death, First (Primary), Paralysis of heart following Diptheria

Second (Immediate), Spasm

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, Feb. 17, 1885

Undertaker, Jos. Sanderson

Place of Business, 252 Canton Ave *Address,* 77 So. Broadway

G. L. Wilkinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81624

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 15 — 86

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Eliza Bowser

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give street and number.} No. 120 N. High St.

Cause of Death, First (Primary,) Valvular Cardiac disease

Second (Immediate,) Cardiac Paralysis

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Washington D. C. *Alexander Hill, M. D.*

Date of Burial, Feb. 16th 1885 Medical Attendant.

Undertaker, H. Sanders & Son *Address* Coroner Cent. Dist.

Place of Business, 252 Canton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3591 Fransier

Board of Health, City of Baltimore,

Permit No. 81655 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 16 1885

Date of Death, Feb. 15 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Gallagher

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stable Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} 29 Hanover

Cause of Death, First, (Primary,) Phthisis Pulmon.

Second, (Immediate,) Asthma

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial. Feb 17/85

Undertaker, Chas L Scrivener

Place of Business, 271 W. Eutaw *Address,* 1114 Park

F. E. Chatard M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 81636 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Dunkey

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* 2 *Months,* 10 *Days,*

Color, White

Married, ~~Single,~~ Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation House Keeper

Birthplace, {~~State or country~~, and how long in the United States, if of foreign birth.} Foreign

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 355 Little Alley Anna, St Balt Md

Cause of Death, First (Primary), Bowels

Second (Immediate) Mucis Inflamitory action of

Duration of Last Sickness, Since Jan 1st 1885 — 45 days

All the above Information should be furnished by the Physician.

Place of Burial, St Thomas No 92 Charles

Date of Burial, Feb 17th

Undertaker H Kipp

Place of Business, S. Bond St

H C Hull — M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81657 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Fattrell

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, *Years,* 4 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 58 Leadenhall St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb Ruary 1 1885

Undertaker, Her Cules Ross

Place of Business, 95 Con Wayst

U S Bowl M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81658 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 6 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 Peach Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), asthma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpat Cemetery

Date of Burial, Feb Rnary 17 1885

Undertaker, Her Euler Ross

Place of Business, 25 Low Wayst

U. S. Paige M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81659 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Eisenbrandt Mann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 38 *Years,* 2 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her lifetime

Place of Death, {Give Street and Number.} E Biddle St 279

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb 18th

Undertaker, Geo. Schilling

Place of Business, Asylum Ave

A. J. Reinhard M. D.
Medical Attendant.

Address, 203 W Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81660 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

94

CERTIFICATE OF DEATH.

Date of Death, Feb 14-85 11:30 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joest Kelly

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 25 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Feb 17th 1885

Undertaker, George Rinehart

Place of Business, Forrest Place

F. H. Mead M. D.

Medical Attendant. U.S.N.

Address, U.S. Marine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8766 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Chambord

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} Penna Ave & Franklin St

Cause of Death, First (Primary), Pneumonia

Socond (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cem.

Date of Burial, Feb 19 1885

Undertaker, A Koumbaris

Place of Business, 70 Lombard St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81662 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A Jones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 63 *Years,* 10 *Months,* 11 *Days*

Color, White

~~*Married, Single,* Widow or ~~*Widower*~~,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} a a, Co, Md

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 591 N Londond St

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, 4 Wks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feb 18/83

Undertaker, B Cook

Place of Business, 707 N Balto St

Jno D Black M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 81663 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Susanna Peters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} N. E. Cor. Ann & Eager

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer.

Date of Burial, Feb 17th 1885

E. B. Fenby *M. D.*
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8166 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 16th February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 16 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 251 Hamburg St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb. 17th 1885

Undertaker, Saml. W. Adair

Place of Business, 198 E. Howard St

D. C. Wetherell M. D.
Medical Attendant.

Address, 57 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 21665 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James F. Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 10 Months. Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Mary's County, Md,

Duration of Residence in the City of Baltimore, 5 months

Place of Death, {Give Street and Number.} 203 Elbow Lane

Cause of Death, First (Primary), Consumption?

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, Feb 17th 1885

Undertaker, F. A. Kerchner

Place of Business, Arlington ave

J. M. Mute M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81666 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Hood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 5 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~City~~ Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 144 N Durham St

Cause of Death, First (Primary), Meningitis.

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, Feb 18. 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Pleasant St *Address,* 1792 E Monument

Emily Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keeper ... City of Baltimore will make returns of all ... No. 81667

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81667 *Office of Registrar of Vital Statistics.* **Ward** 11 c/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Isabel Emory

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 52 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 28 Park, Ln

Cause of Death, First (Primary), Paralysis

Second (Immediate), Cont. Spasms

Duration of Last Sickness,

The above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 18/85

Undertaker W. W. Jenkins & Son

Place of Business, Park & Saratoga St. *Address,*

Wm. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81668

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William D Wilks.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 67 *Years,* 11 *Months,* 16 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number} 136 Park St.

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate,) Exhaustion

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial, Feb 18th 1885

Undertaker, Kelly Jenkins & Sons

Place of Business, Park & Hanby Sts

Harry Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

(over)

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 81669 *Office of Registrar of Vital Statistics.* Ward 6C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Feb 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Allen Raffle

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* 2 *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 104 S. Patterson Park Ave

Cause of Death, First (Primary). Congestion of the Bowels

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Feby 17 1885

Undertaker, H. H. Sinder & Son

Place of Business, 232 Eastern Ave *Address,* 1968 Eastern Ave

Wm. N. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81670 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, February 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen H Haywood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 2 *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 60 Jefferson St

Cause of Death,
First, (Primary,) Convulsions
Second, (Immediate,) Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Feb 17 1885

Undertaker, William A Bunge

Place of Business, No 62 East St

W H Steffen duffee M. D.,
Medical Attendant.

Address, 446 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 8167 *Office of Registrar of Vital Statistics.* **Ward** 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E James

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 26 *Years,* X *Months.* X *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 144 George St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 & 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 18th 1883

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

W. P. McKenzie M. D.
Medical Attendant.

Address, 53 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 8672 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lewis Wise

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.,

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and Number.} 207 N. Fulton Ave.

Cause of Death, First (Primary), /

Second (Immediate), Catarrhal Pneumonia.

Duration of Last Sickness, Three (3) weeks.

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 18th 1885.

Undertaker John J. Andrews

Place of Business, No. 476 Druid Hill Ave. *Address,* 112 N. Greene.

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81673. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Febry 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Monroe Fowler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* Few *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 2 Bloomingburg Av

Cause of Death, First, (Primary,) Congestion of the Brain

Second, (Immediate,) Effusion

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Febry 18th

Undertaker, John B Trader

Place of Business, 150 Caroline

W B Phillips M. D.,
Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore.

Permit No. 8167 *Office of Registrar of Vital Statistics.* **Ward** 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1865

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A Clump

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 138½ Gruntt Ave

Cause of Death, First (Primary),

Second (Immediate). Consumption

Duration of Last Sickness, 5 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, Feb 18th 1865.

Undertaker J. H. McCool

Place of Business, 22 W. Fayette St

Silas H Hunter M. D.
Medical Attendant.

Address, 36 Gruntt Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81675 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18-82 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Donohue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Liquor Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 24 Years

Place of Death, {Give Street and Number.} No 20 Fondal Place

Cause of Death, First (Primary), Phthisis.

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb 14th

Undertaker, H. C. Wiedefeld

Place of Business, 9a Greenmount Ave *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

a

Date of Death, Feb. 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Loane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 58 Jefferson st

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetary

Date of Burial, Feb 18th

Undertaker, Wm J Schaffer

Place of Business, 135 S. Front St

J D Gwinn M. D.
Medical Attendant.

Address, 137 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8167 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Wosenskie

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 295 S Durham St

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, July 18 '85

Undertaker, Frank Cracknell

Place of Business, E. Ann St *Address,* [redacted]

Thos F Kleinschmidt M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Sanitary Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81678 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, February 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Rattaglar

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation None - Valetudinarian

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Italy

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give street and Number.} 66 President st

Cause of Death, First (Primary), General Debility

Second (Immediate),

Duration of Last Sickness, Unwell from birth

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, Feb 18 1885

Undertaker James P Byrne

Place of Business, n° 63 n Front st

D W Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8679 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Brautsch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 38 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 227 N. Caroline St

Cause of Death, First (Primary), Carcinoma Uteri

Second (Immediate), Marasmus

Duration of Last Sickness, Eight (8) months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, Feb. 19th 1883

Undertaker, Adam Stink

Place of Business, 461 N. Gay St

Wm. Street M.D.
Medical Attendant.

Address, 227 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8780 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 15, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months.* ..... *Days*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot co, Md,

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 33 Canal alley

Cause of Death, First (Primary), Coroners investigation was that she died from

Second (Immediate), Causes contributed to

Duration of Last Sickness, Very 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 18. 1885

Undertaker, Alex Hensley

Place of Business, 116 Orchard st

Wm A Jones M. D.

Medical [redacted]

Coroner

Address, 326 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81681 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 17 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Dennis

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give street and Number.} Amer Port Infirmary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Feb 18th 85

Undertaker, Heffernan & Allen

Place of Business, Parker & Lucy *Address,* 92 Madison St

E. Fawcett M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81684 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2

CERTIFICATE OF DEATH.

Date of Death, Feb. 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mindy Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months.* ..... *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 16 Leadenhall St.

Cause of Death, First (Primary), Typhoid Pneumonia.

Second (Immediate), ...

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St. Cem'y

Date of Burial, Feb 17 1885.

Undertaker, Geo Watkins

Place of Business, 221 Hamburg St

J. H. White M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81683 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 13 1885 BALTIMORE MD

Date of Death, Feby 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Herman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 yrs.

Place of Death, {Give Street and Number.} 92 S. Register St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Southern Cemetery

Date of Burial, Feb 18 1885

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* 50 S Broadway

R. B. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81684. *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Edw'd Emerick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Fifteen

Place of Death, {Give street and Number.} 18. West Allen

Cause of Death, First (Primary),

Second (Immediate). Acute Meningitis

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Dallams Garden

Date of Burial, Febr 14 1885

Undertaker Henry Hoeck

Place of Business, 309 Central Ave *Address,*

Geo. H. Byrne Bayle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81685 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Webb.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months.* ..... *Days*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 22 Clinton Ave

Cause of Death, First (Primary), ...

Second (Immediate), Dyspepsia & old age

Duration of Last Sickness, 6 wks

All the above information should be furnished by the Physician.

Place of Burial, Lamil Cemetery

Date of Burial, February 18 1885

Undertaker, W W Cooper

Place of Business, 46 East St

Louis Fox Lom M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81686 *Office of Registrar of Vital Statistics.* Ward [redacted]

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine B. Bradford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 10 *Months,* 9 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 21 Linden Ave

Cause of Death, First (Primary), Consumption.

Second (Immediate), Hæmorrhage Exhaustion

Duration of Last Sickness, 8-10 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, February 18th 1885

Undertaker, William J. Gray

Place of Business, #65 Mulberry St *Address,* 55 No. Green St

W. H. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 81687 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Ford

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color,

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester County - Maryland

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give Street and Number.} 375 N. Bond St -

Cause of Death, First (Primary), Apoplexy -

Second (Immediate), Paralysis

Duration of Last Sickness, 5 Days -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 19th

Undertaker, Geo Schilling

Place of Business, Ashland & Gilmor

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8/688 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Leitti Bampina

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 7 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and Number.} 45 Pennsylvania Ave

Cause of Death, First (Primary),

Second (Immediate). Meningitis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Feb 18th

Undertaker W. Leitch Jr

Place of Business,

D M Cathell M. D.
Medical Attendant.

Address, 2 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8689 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml E Campbell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, White 19 Months, 6 Days

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, About 4 years

Place of Death, {Give Street and Number.} 514 W Lexington

Rt Theis

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness, About 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Alexandria VA

Date of Burial, Feb 19

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

Robt K. Kneas M. D.
Medical Attendant.

Address, 534 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transb 3592

[OVER.]

Health Department, City of Baltimore.

Permit No. 87690 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B.

CERTIFICATE OF DEATH.

FEB 18 1885

Date of Death, 17th February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Buckley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* 9 *Months.* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, {Give Street and Number.} 1 Thames Street 6th.

Cause of Death, First (Primary), Neuro Pneumonia.

Second (Immediate), Abscesses Pulmonum

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, Feb. 19 1885

Undertaker, H. F. Dauer

Place of Business, 74 S. Bway

William Hurd M. D.
Medical Attendant.

Address, S. Wolfe & 117

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81691 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, February 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Groves

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Railroad Man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 279 E. Monument st

Cause of Death, First (Primary), Pulmonary Apoplexy.

Second (Immediate),

Duration of Last Sickness, not at all

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 18 '85.

Undertaker, H. A. Dayer

Place of Business, 74 S. Bur

L O Whitbeck M. D.
Medical Attendant.

Address, 12 S. Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81692 *Office of Registrar of Vital Statistics.* **Ward** 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, February 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Stevenson

~~*Sex,*~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 12 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lyfetime

Place of Death, {Give street and Number.} 160 Biddle St

Cause of Death, First (Primary), Tuberculosis Meningitis

Second (Immediate), Exhaustion &c

Duration of Last Sickness, Four weeks

the above information should be furnished by the Physician.

Place of Burial, Glendale Cemetery

Date of Burial, February 18th 1880

Chas O Donovan M. D.
Medical Attendant.

Undertaker Wm Weaver

Place of Business, No 202 E. Eutaw St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87693 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alfred Baily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months.* ..... *Days*

Color, Ed

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 176 Preston St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), ...

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 19th 1885

Undertaker, John J Andrews

Place of Business, No 416 Druid Hill Ave

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81694 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Geraghty

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, Months, 21 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 78 Block St

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feby 18th 1885

Undertaker, Dennis & Mitchell

Place of Business, 65 S Broadway

Nicholas L Dashiell, M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Instructions. Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 81695 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

Date of Death, February 15th 1885 at 3:42 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elias Posner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven years.

Place of Death, {Give street and Number.} Carrollton Hotel

Cause of Death, First (Primary), Diphtheria with septic complications

Second (Immediate), Uraemia & exhaustion

Duration of Last Sickness, Ten days.

the above information should be furnished by the Physician.

Place of Burial, Beth Shalom Cemetery

Date of Burial, February 16

Undertaker Wm Elias

Place of Business, 101 Baugh St

Christopher Johnston M. D.
per Christopher Johnston
Medical Attendant.

Address, 82 Frankfurt St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81696 *Office of Registrar of Vital Statistics.* **Ward** 13 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

11

CERTIFICATE OF DEATH.

Date of Death, February 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Green

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, about 58 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Unknown

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis. & Asthenia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. L. Cemetery

Date of Burial, Feb 18/85

Undertaker, Fred'k A Kirchner

Place of Business, 129 N. Arlington Ave *Address,* University Hospital

F. Reith M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81697 *Office of Registrar of Vital Statistics.* Ward 6 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 18. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Beauchamp,

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 11 N. Chester St.

Cause of Death, First (Primary), Enteritis

Second (Immediate), Hemorrhagitis

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, February 19th 1885

Undertaker, Kehn Luke

Place of Business, 166 E Balto St

G. G. Luck M. D.
Medical Attendant.

Address, Balt. & Hanl. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81698 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 14th 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 *Years,* ... *Months.* ... *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widower

Occupation, Cook

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Cuba

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give Street and Number. } 4 Hughes St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthma

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, W. Pat Cemetery

Date of Burial, Feb 18/1885

Undertaker, L. A. Kirchner

Place of Business, Arlington

W. S. Bond M. D.
Medical Attendant.

Address, 210 Shroeder St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as near as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81699

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 13 1885

CERTIFICATE OF DEATH.

Date of Death, Feb. 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Talbot Brown

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Oxford Tennessee

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number} 283 N. Bridle St.

Cause of Death {First, (Primary,) Pulmonary Tuberculosis / Second, (Immediate,) Asthenia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, Feb. 19th 1885

T. Barlow Bruce M. D.
Medical Attendant.

Undertaker, Wm. A. Bungee

Place of Business, 62 East, St. *Address,* 305 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3593 Transcript

Health Department, City of Baltimore.

Permit No. 81700 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1886.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester Wilbur Rumpf.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 1 *Months.* ... 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 274 S. Paca St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, Feb 19/1886

Undertaker, Armstrong & Conroy

Place of Business, 263 Light

H. J. N. Tull M. D.
Medical Attendant.

Address, 152 Shaw Av.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81701 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

FEB 19 1885

Date of Death, Febr 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elisabeth Kohlfeld

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 51 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 114 N. Caroline st.

Cause of Death, First (Primary), Anasarca

Second (Immediate), ...

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th 1885

Undertaker, Henry Kovack

Place of Business, 4 Central av *Address,* 325 E Baltimore st

P. G. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81702 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ann Nelson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 139 N. Eden St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb 20 85

Undertaker, Wm S Fry

Place of Business, 87 N Bridadway

J. H. Guy M. D.
Medical Attendant.

Address, 139 N. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81703 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin Upshur (Upshur)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Snow Hill Md

Duration of Residence in the City of Baltimore, one Week

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Congestion of Stomache

Second (Immediate), Hemorhage from Stomach

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Green Hill

Date of Burial, Feb 19th 1885

Undertaker, D Emy & Mitchell

Place of Business, 630 W Fayette

Welch M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special

Health Department, City of Baltimore.

Permit No. 81704 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Adam Gatchler.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany — 35 Years in U.S.

Duration of Residence in the City of Baltimore. 35 Years.

Place of Death, {Give Street and Number.} 257 William St

Cause of Death, First (Primary),

Second (Immediate), Angina Pectoris

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 20

Undertaker, B Hasle

Place of Business, 62 West St

Robert S. Lowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY

...Reasons on back of this Certificate.

Board of Health, City of Baltimore.

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81705

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 19 1885

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie L. Campbell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 42 W. Hoffman St.

Cause of Death, {First (Primary,) Cerebral Abscess. / Second (Immediate,) Oedema of the Lungs.

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Feb. 19th 1885

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts.

John H. Hackerman M. D.
Medical Attendant.

Address 141 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore.

Permit No. 81706 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wesley Baynar

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* Eighteen *Months,* ——— *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, Seventeen months

Place of Death, {Give street and number.} 130 Wilmer Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) .....

Duration of Last Sickness, Twelve days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 19, 1885

Undertaker, Alf Kemp[illegible]

Place of Business, Marshall at

H. J. Coffroth M. D.,
Medical Attendant.

Address 330 Penna Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81707 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman C. Abt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Stone mason

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} 250 Columbia Ave

Cause of Death, First (Primary), ———

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 3 or 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb'y 19th

Undertaker, Conine & Kerr

Place of Business, 200 Columbia ave

Geo W Blake M. D.
Medical Attendant.

Address, 158 Race

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

8 11

Permit No. 81708

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 343 Hartford Ave

Cause of Death, First (Primary,) Consumption

Second (Immediate,) & Dropsy

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery *M. D.* G. H. Watson

Date of Burial, Feb 20th Medical Attendant.

Undertaker, H. C. Middefield *Address* 457 N. Contraction

Place of Business, 90 Monument Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81709 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert A Rouse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 188 Arlington Ave:

Cause of Death, First (Primary), Acute Nephritis

Second (Immediate), Meningitis.

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, Feby 20th 1885 W. H. B. Sullivan M. D.

Medical Attendant.

Undertaker, Edwards & Mitchell

Place of Business, 550 W Fayette St *Address,* 46 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81710 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Crowther

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} 54 N Eutaw St

Cause of Death, First, (Primary,) Dropsy

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feby 20 85 Wm Latrobe M.D.,

Medical Attendant.

Undertaker Dennis & Mitchell

Place of Business, 530 W Fayette *Address,* 214 Lex

1

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 81711

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81711 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 17/85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriet J Dawson

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. } Female

Age, 75 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation ..... None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Portsmouth N. H.

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 652 Lexington St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Cemy

Date of Burial, Feby 19th 1885

Thomas Opie M. D.
Medical Attendant.

Undertaker D Edmunds & Mitchell

Place of Business, 558 W Fayette *Address,* 179 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8712 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feby 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel E Eagley

Sex, Male or Female, {Cross out the word not required in this line.} Female Early

Age, 60 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Most of her life

Place of Death, {Give Street and Number.} Cor Constitution & Clare St

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feb 21st 1885

Undertaker, Henry W. Sheads

Place of Business, #45 N Gay St

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81713 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James M. Doyle.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days.*

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 53 Green st. h.

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, 12 months

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, Feb 19th 1885

Undertaker Joseph F Byrne

Place of Business, 69 n Liberty Address, 115 W. Monument st

E. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 81714 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1865

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S. Rothwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 29 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 11 Years

Place of Death, {Give Street and Number.} 781 W. Lombard St

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feb 20th 1865

Undertaker, Johnson & Meeker

Place of Business, No 13 Saratoga St

Wm R McElwee M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81715 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thurber

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ or Female

Age, 54 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~, ~~Widow or Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 46 Columbia ave

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feb 29th 1885

Undertaker, John D. Mackin

Place of Business, No 15 Lombard

H. L. Shuman M. D.
Medical Attendant.

Address, 387 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81716 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Butcher

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 5 Lee St & Avenue

Cause of Death, First (Primary), Exhaustion - Acute Hemorrhage

Second (Immediate), Pleuro Pneumonia

Duration of Last Sickness, About 1 month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th 86

Undertaker, Henry H. Lines

Place of Business, 6 E Baltimore

Chas A. McShane M. D.
Medical Attendant.

Address, 417 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

8 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81717

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 17 — 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Francis McGuire

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 64 *Years,* — *Months,* — *Days.*

Color, Wht. *Sex,* Male

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 48 years

Place of Death, { Give street and number. } No. 6 Hubbards Court

Cause of Death, First (Primary,) Apoplexy

Second (Immediate,) Produced by blood on brain

Duration of Last Sickness, Died instantly

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, Feb. no 1885

Undertaker, H. C. Wiedefeld

Place of Business, Pres. Mt Auburn

Alexander Hill, M. D.
Medical Attendant.

Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81718 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Evans

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months.* 3 *Days,*

Color, Bla

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Fluvanna Co Va

Duration of Residence in the City of Baltimore, 3 yrs -

Place of Death, {Give street and Number.} 334 Union Av.

Cause of Death, First (Primary), Acute Gastritis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, About 2 weeks -

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Feb-20th 1885

Undertaker Wm A Dunger

Place of Business, 62 East St. *Address,* 252 W. Lombard

A. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81719 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Boyle Sloan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} 17 Preston St

Cause of Death, First, (Primary,) Diseased Prostate

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial. Feb 20th 1895

Undertaker, Henry W. Means

Place of Business, 1545 N. Gay St

[illegible] M. D.,
Medical Attendant.

Address, 121 N Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Inspection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81720 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth M. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 221 E. Fayette St

Cause of Death,
First (Primary), Gastritis (Acute)
Second (Immediate), Exanition

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feby 21st 1885

Francis A. Sower M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 68 S Broadway *Address,* 105 N Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8742 *Office of Registrar of Vital Statistics.* Ward 6 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Catherine B. Byrne

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Said to be 44 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Said to be 39 yrs - (39 yrs in town

Place of Death, {Give Street and Number.} Cor. E. Fayette & Chapel St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Acute

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, Feb 20th 1885

Undertaker, Wm B Byrne

Place of Business, Florist *Address,* 180 N. Calvert St

Ben J. Lokey *M. D.*
Medical Attendant.

FEB 19 1885

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8722 *Office of Registrar of Vital Statistics.* Ward 16 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 17th February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Ballard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Oyster Opener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Little alley

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Convulsions until death

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 20th 1885

L. D. Dyer M. D.
Medical Attendant.

Undertaker, Saml W. Chase

Place of Business, 198 E. Howard St *Address,* 1146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81723 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 28 83

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eva Eleanor Nagel

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ... *Years,* 6 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 262 Hanover St.

Cause of Death, First (Primary), Congestion Bronchitis

Second (Immediate), Atelectasis Pulmonum

Duration of Last Sickness, 2 wks

All the above Information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, August 20

Undertaker B. Mark

Place of Business, 82 West St

Thos Smith M. D.
Medical Attendant.

Address, 281 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Duplicate to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81724 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Stones

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months.* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Georges St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, February 20 1885

Undertaker, Chas Cutler Ross

Place of Business, 25 Eden Wayst

C W S Booze M. D.
Medical Attendant

Address, 210 Sharpe St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81725 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 18, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Boyd.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

Occupation, Engineer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 44 years

Place of Death, {Give street and Number.} 109 N. Popplelow St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Jarvestown Balto Co

Date of Burial, Feb 20th 1885

Undertaker, John J Andrews

Place of Business No 48 Druid Hill Ave

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 W. Carroll Sta Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

14

Permit No. 81726 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dausch.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months.* ..... *Days*

Color, White.

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 45 Yrs.

Place of Death, {Give Street and Number.} 37 S. Fulton Av.

Cause of Death, First (Primary), ...

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Sunday Feb 22

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw

R. J. D. Tull M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81727 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, February 18 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Wilhelmine Henecke

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 4 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 301 Alice ann

Cause of Death. First (Primary), Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, 13 days

the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Feby 20th 1883

Undertaker Henry Sander Jr

Place of Business, 252 Caroline *Address,* 258 Madison ave

A. Butterworth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

57

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 81728 *Office of Registrar of Vital Statistics.* Ward 6 c/y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E Woolford (Mother)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1/3 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 130 N Regester st

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20/1885

Undertaker, Wm H. Dunder

Place of Business, East St

Thomas A Steiner M. D.
~~Physician in Attendance.~~

Address, Corner of Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 8729 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Boon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* — *Days*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 34 Vincent Alley

Cause of Death, First (Primary),

Second (Immediate), Spasms 6 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 20th 1885

Undertaker, G W Perkins

Place of Business, 221 Hanover St

James A Steuart M. D.

~~Medical Attendant.~~

Address, Cor Fayette & Pine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W C Roberts Coroner.

...respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81730 *Office of Registrar of Vital Statistics.* Ward 14-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 19 '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Risher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months.* *Days*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria

Duration of Residence in the City of Baltimore. 38 years

Place of Death, {Give Street and Number.} 180 Hollin st

Cause of Death, First (Primary), Suddenly with

Second (Immediate), heart disease

Duration of Last Sickness, about an hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feb. 21 '1883

Undertaker, J. B. Cook

Place of Business, 707 E. Balto. St *Address,* 326 Hollin st City

Wm A. Jones M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...operation of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 6731 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb. 18th. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Tarbell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 59 Barnes St

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 21 1885

Undertaker, J. B. Cook,

Place of Business, 707 W. Balto St. Address, Shaw St. Hospital Place

Wilmer Brinton M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81732 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~Dec~~ Feb 18th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hartigan

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 26 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 113 S. Paca

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Feb. 21 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ysician to the Bearer as below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8733 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, ~~February~~ 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Leo Strohver

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months.* ½ *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross cut the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 63 S. High St

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 63 S. High St Balto

Cause of Death, First (Primary),

Second (Immediate), Exhaustion Convulsion

Duration of Last Sickness, ½ Day

All the above information should be furnished by the Physician.

Place of Burial, Saint Peters

Date of Burial, Feb 22d

Undertaker, John F Cowan

Place of Business, 29 Holliday St

C Ridgway Andre M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81734 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas H Fay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 20 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 20 days

Place of Death, {Give Street and Number.} 357 Sharp St

Cause of Death, First (Primary), Convulsions

Second (Immediate), /

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Feb 22 th

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

R. H. P. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...respectfully invited to the Sections below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81735 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James J. Kane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 11 *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 283 Mulberry St

Cause of Death,
~~First~~ (Primary), Secondary Asphyxia
~~Second~~ (Immediate), Primary Heart trouble

Duration of Last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Feb. 20, 1885

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 23 EC

[illegible] *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81736 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Carrick

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2y *Years,* *Months,* *Days*

Color, Wh.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Blacksmith's

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 26 Ramsey St

Cause of Death, First (Primary), Labio Dorsalis - Dordalis

Second (Immediate), Intercurrent Pneumonia

Duration of Last Sickness, 4 months -

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery.

Date of Burial, Feb. 20, 1885.

Undertaker, Matthew Cadaas

Place of Business, 227 Aisquith St *Address,* 44 Gaulke's Ln

Gustav Rübsam M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Physician is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81737 *Office of Registrar of Vital Statistics.* Ward 12 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arena Pilcroft

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 0 *Years,* 13 *Months,* *Days*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 18 Oxford st

Cause of Death, First (Primary), meningitis

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Hanpstead cemetery

Date of Burial, Feb 21 1885

Undertaker Alex Kennedy

Place of Business, 116 orchard st

G Lane Dauphin M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81738 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Rebecca Williams. Father, Rich Tydings. Mother, Carrie Green

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ Eleven *Months,* ~~Days~~

Color, Colored.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 142½ N. Calvert St. Rear

Cause of Death, First (Primary), Coma

Second (Immediate), Croup

Duration of Last Sickness, Several hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 19th 1885

Undertaker, Chas S. Butler

Place of Business, #132 N. Caroline St

Edward Gillaspie M. D.
Medical Attendant.

Address, 69 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81739 *Office of Registrar of Vital Statistics.* Ward 1"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Buchanan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 1 Months, 6 Weeks Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1. Eat b. Aisquith St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feb 20th 85

Undertaker, G. Franc

Place of Business, Franke & Wolfe *Address,* 248 Aisquith

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8174 0 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 18. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard Hawkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 7 Penn Valley

Cause of Death, First (Primary). Chronic Bronchitis

Second (Immediate). 2 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, Feby 20th 1885

Undertaker Wm. J. Gray

Place of Business, 63

P. Edw. Jaunay M. D.
Medical Attendant.

Address, Hom. Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81741 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie M^a Cutchem

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower;*~~ {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 68 Lenox St.

Cause of Death, First (Primary),

Second (Immediate) Congestion Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb. 21 85

J. H. Miller M. D.
Medical Attendant.

Undertaker Chas. F. Scriven

Place of Business, 27 N. Eutaw *Address,* 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 81742 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Emrich

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* 6 *Months,* *Days.*

Color, White

Married, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~for~~ 40 years

Place of Death, {Give street and Number.} No 294 Saratoga St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial Loyola Cemetery

Date of Burial, February 20 F. F. Miles M. D.

Medical Attendant.

Undertaker W. Elias

Place of Business, 106 South ~~Gay~~ St. *Address,* 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8743 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 25 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Laird

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 1911 Ave & Madison St.

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Cardiac Failure

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 20th 1885

Undertaker, Henry W. Mears

Place of Business, #46 N Gay St

J H Timms M. D.
Medical Attendant.

Address, 1911 Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8174 4 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Lynch

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 74 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Widow.

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 630 Lexington Street

Cause of Death, First (Primary), Extreme general Debility, accompanied

Second (Immediate), with excessive Involuntary fecal Discharges

Duration of Last Sickness, Sixteen days

All the above information should be furnished by the Physician.

Place of Burial, Baltr County.

Date of Burial, Feby 21/85

Undertaker, M. Clarkson

Place of Business, ...

Arthur C. Burns M. D.
Medical Attendant.

Address, 630 Lexington Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians are respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81745 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Niedermeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give Street and Number.} 300 Hanover st.

Cause of Death, First (Primary), Puerperal fever

Second (Immediate), Septicaemia.

Duration of Last Sickness, 18 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Febuary 20

Undertaker, B Paul

Place of Business, 82 W Pratt

Wm Luckett M. D.
Medical Attendant.

Address, 870 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81746 *Office of Registrar of Vital Statistics.* Ward 9 "7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, 19th Feb 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fritz Becker

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Baker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and Number. } City Hospital

Cause of Death, First, (Primary,) Sarcoma

Second, (Immediate,) Pneumonia & Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, C. P. Cemetery

Date of Burial.

Undertaker, Geo Rinehart

Place of Business,

W. R. Clark, M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81747 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Krauk

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 5-9 Elliotte St

Cause of Death,
First (Primary), Bronchopneumonia.
Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb 22nd

Undertaker, W. Telfel

Place of Business, 1, Bond St. E. *Address,* 53 Eden St

E. J. McCann *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Schedule below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81748 *Office of Registrar of Vital Statistics.* **Ward** 10"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Odetta Valentine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... Years, 7 Months, ... Days

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Providence — R. I.

Duration of Residence in the City of Baltimore, 4 mos.

Place of Death, {Give Street and Number.} 56 Pine St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), ...

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feb 21st 1885

Undertaker, Saml W Chase

Place of Business, 198 S Howard St *Address,* 19 Cathedral St

J. E. Mottu M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81749 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Kisel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 201 E Baltimore St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, February 22, 1885

Undertaker, John Lake

Place of Business, 201 E Baltimore St *Address,*

W. H. Reed, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81750 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 19, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Arendt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 9 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Drug Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Allegheny Co., Md.

Duration of Residence in the City of Baltimore, about ten years

Place of Death, {Give Street and Number.} 462 E Eager St

Cause of Death,
First (Primary), Cold
Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feb 21st 1885

Undertaker, John S. Meeder

Place of Business, N 150 Caroline

W W White, M. D.
Medical Attendant.

Address, 347 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8175 / *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, February 20th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hetta C. Shipley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* 2 3 *Days*

Color,

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 3 1/2 Ramsay St

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate), Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 21st 1883

Undertaker, John T Mackin

Place of Business, No 150 Hamden

A. McColburn M. D.
Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81752 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT

CERTIFICATE OF DEATH.

Date of Death, Feb 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rose Drew

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* 6 *Days,* 4

Color, Dark

Married, ~~Single,~~ ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, Sister of Providence

Birthplace, {State or country, and now long in the United States, if of foreign birth.} Louisiana

Duration of Residence in the City of Baltimore, 13 yr

Place of Death, {Give street and Number.} Chase & Forrest Place

Cause of Death, First, (Primary,) Phthisis -

Second, (Immediate,) asthenia -

Duration of Last Sickness, 6 mos

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brea Cemetery

Date of Burial, Feb 21st 1885

Undertaker, James O Byrne

Place of Business, No 63 n Front St

F. E. Shatard Jr M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Physicians are respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81753 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura L Wonder

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 933 Lexington St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Feby 22nd 1885

James Bosley M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, 219 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81734 *Office of Registrar of Vital Statistics.* 10 1

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 /85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Albert Eberhardt

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 *Years,* *Months,* 11 *Days.*

Color, White.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Teacher.

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Bavaria.

Duration of Residence in the City of Baltimore, 41 yrs.

Place of Death, { Give street and number. } 227 Saratoga st.

Cause of Death, First, (Primary.) Bright's Disease

Second, (Immediate.) Bright's Disease

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, Feby 23rd/85 W. P. Thomas M.D.,

Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave. *Address,* 115 N. Fremont Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...spectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81755 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Bishop

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 82 Years

Place of Death, {Give Street and Number.} 157 Lexington St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 22nd

Undertaker, George Schilling

Place of Business, Ashland & Lanvale

Geo. [illegible] M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81756 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oliver P. Cromey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 44 Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 406 E Eager St

Cause of Death,
First (Primary), Chronic Pneumonia
Second (Immediate), Marasmus

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21st

Undertaker, George Schilling

Place of Business, Ashland Square

S. H. Seldner M. D.
Medical Attendant.

Address, 1 E Cor Eager Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8175 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 20

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Marcellus Muth

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 79 N Paca

Cause of Death, First, (Primary,) Child birth

Second, (Immediate,) Shock

Duration of Last Sickness, 6 hours

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Feb 23rd 1885

Undertaker, Holofernes Hon

Place of Business, Park & Saratoga

F E Chatard M. D.,
Medical Attendant.

Address, 114 Park.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81758 *Office of Registrar of Vital Statistics.* Ward 7 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Virginia Peed

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} cor. Bond & Biddle

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate), Convulsions & Coma

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 22. 1885

Undertaker John W Larkin

Place of Business, 20 S Gordon St

A V Elwood *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81759 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Selby

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months.~~ 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 394 N. Charles St

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, All its life

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, Feb 21/85

Undertaker, Wm S. Fay

Place of Business, N. Broadway

Edward Stanly M. D.

Comm of Health & Registration

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dudley-Secretary

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81760 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb — 20th —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa S. Knapp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 15 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 days —

Place of Death, {Give street and Number.} 34 Leadenhall St —

Cause of Death, First, (Primary.) Non closure of Fon. Ovale — 1 Week

Second, (Immediate,) Cyanosis, —

Duration of Last Sickness, Since Birth —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 21 1885

{ *Undertaker,* Ernst Schloman

{ *Place of Business,* 181 Sharp St

Geo A Graves M. D., Medical Attendant.

Address, 228 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81761 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. A. Flemming

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} ~~W~~ 318 S. Bond St.

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feb 21st 1885

Undertaker, M. A. Dayn

Place of Business, 44 S. Bond

John K Kehlenger M. D.
Medical Attendant.

Address, 211 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Suggestions of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81762 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Karl Trautwein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 5 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Yrs

Place of Death, {Give Street and Number.} N. E. Cor E. Bank & Exeter

Cause of Death, First (Primary), Bronchitis Some weeks ago

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 5 Minutes

All the above information should be furnished by the Physician.

Place of Burial, St. Matthews Ch

Date of Burial, Feb 22d 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Fulton Ave

Geo D Reynolds M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81763. *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moses Harris.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38. *Years,* *Months.* *Days*

Color, Col.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give Street and Number.} 44 Stodon ally

Cause of Death, First (Primary), Lobe Bowels.

Second (Immediate), Peritonitis

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22 - 1885.

Undertaker, W W Madden

Place of Business, 46 East St

Louis B Kann M. D.
Medical Attendant.

Address, Mulberry & Ingleside

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81764 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hasler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 11 *Months.* 24 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cor Penna Ave & Baker st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 – days

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, Feb 23rd 1885

Undertaker, Walter Immel.

Place of Business, 315 W. Biddle st. *Address,*

N J Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81765 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hager Jennings

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color C

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 78 S Bethel St

Cause of Death, First (Primary), Old age

Second (Immediate), General Debility

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 22d 1885

Undertaker, William N Dungan

Place of Business, East Street

Thos A Clemens M. D.

~~Medical Attendant~~

Address, Cor Fayette & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81766 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Anna Heurd (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 12 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 223 Mulliken st

Cause of Death, First (Primary), Premature

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, Feb 21st 1885

Undertaker, W Madden

Place of Business, 46 East st

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cor Fayette & C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M M Kewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 81767 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 20th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Schubert.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* 3 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give Street and Number.} 410 Sarah ann St.

Cause of Death, First (Primary), Malarial,

Second (Immediate), Exhaustion,

Duration of Last Sickness, 14 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cem.

Date of Burial, Feb. 23 1886

Undertaker, [illegible]

Place of Business, 70 Milberry St

J. Rickert. M. D.
Medical Attendant.

Address, 575 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81768 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 21st 1893

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Bertie W Hasslen

Sex, Male or Female. {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 21 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Entire

Place of Death. {Give street and Number.} 38 Williams St

Cause of Death, First (Primary),

Second (Immediate) Diarrhoea

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feby 22

Undertaker B. Ward

Place of Business, 8 Mat St

Theodore Cook M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81769 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 21 1885

CERTIFICATE OF DEATH.

Date of Death, February 19 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 35 Granby St.

Cause of Death, First (Primary), Entero Colitis

Second (Immediate), Meningitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, Feb 21 85

Undertaker, Wm S. Fry

Place of Business, 812 N Broadway

A Glucyer M. D.
Medical Attendant.

Address, 1, S. Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81770 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Bondy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 11 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 4 Sharp St Court

Cause of Death, First (Primary), ...

Second (Immediate), Umbilical Hemorhage

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Lafayette Cemetery

Date of Burial, Nov 22/88

James A Steuart M. D.

Medical Attendant.

Undertaker, Alberta Bondy

Place of Business, 16 Courtland St *Address,* Camp & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown Sanitary Inspector

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81771 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 21

CERTIFICATE OF DEATH.

Date of Death, Feby 20 — 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hettie Rhule

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 1 *Years,* 4 *Months,* 4 *Days.*

Color, white

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 1 Jefferson St

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 106 North Eden

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Western Cimtary

Date of Burial, Feb 22

Undertaker, Wm Shafer

Place of Business, 5 S Front St *Address,* 192 Aisquith St

D V Moyer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81772 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 20 - 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} S. C. Newman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dunmurel - Co - Ind

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 460 - N Carey St -

Cause of Death, First (Primary), Pulmonary - Pulmonales

Second (Immediate), ...

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, February 21st 1883

Undertaker, Wm C Weaver

Place of Business, 202 N Eutaw St *Address,* .....

H. J. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81773 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Morris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 16 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 163 Bank st

Cause of Death, First (Primary),

Second (Immediate), Cynanche Tracheali

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cong Cemetery

Date of Burial, Feb. 24

Undertaker, A. Oelfeld

Place of Business, 44 N. High St *Address,* 207 S. Broadway

Nicholas L. Dallam, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8177 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 18-85 9 30 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Cullaton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phth Pulmonalis

Second (Immediate), Haemoptysis + Strangulat

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, E. Balto County.

Date of Burial, Feb 22/1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place Address, N. S. Main Hosp Sinai

F W Mead M. D.
Medical Attendant. E.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...respectively invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81775 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Febuary 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Cohen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, 77 *Years,* 11 *Months,* *Days.*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Street Peder of fruit &c

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} No 5 Jenkins Alley

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Phthisis pulmonalis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 21st 1885

Undertaker, Lee H Perkins

Place of Business, 221 Hamburg st *Address,* 183 Linden Ave

Edmund R Walker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81776 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feby 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Ethan Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 16 Essex St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Feb 23rd 85

E. Milans M. D.
Medical Attendant.

Undertaker, G. Trance

Place of Business, Pants & Mills *Address,* 55 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81777 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary S. Drummond

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 126. N. Schroeder St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 22nd 1885

Undertaker, Jos B Gorsuch

Place of Business, No 707 N Baltimore *Address,* 283. W. Lombard

Edw F. Mechlenburg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Spaces to be completely filled in the blanks below and to Date of Decease on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81778 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Febr 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meyer Jacobs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and number.} 11 Second St

Cause of death, First, (Primary,) Diabetes mellitus

Second, (Immediate,) Acute Bronchitis

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Jewish Point P. Cemetery

Date of Burial, Feb 22

Undertaker, W. Eckard

Place of Business, 101 Saratoga St Address, 296 W Fayette

A Krauskopf M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81779 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

FEB 22 1885 BALTIMORE MD.

Date of Death, Feb 21st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mabell Boyd

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 4 *Months,* — *Days,*

Color, Colored

~~Married,~~ Single, ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 11 Lehmans Alley,

Cause of Death, First (Primary), unknown

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 22 1885

Undertaker Wilcum & Dugan

Place of Business, 62 East St

John D Pennington M. D.
Medical Attendant.

Address, 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81780 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Schlockerbier

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 66 *Years,* ~~Months.~~ ~~Days~~

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} No 45 Park st

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Feby 22nd 1885

Undertaker, H. Saunders & Son

Place of Business, 252 Canton Av

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer[illegible].

Board of Health, City of Baltimore,

Permit No. 81781 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. M White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Physician

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co Md

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} 291 Park Ave

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Morbus Brightii

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Talbot Co Md

Date of Burial, Feb 23d

Undertaker, H. C. Medefield

Place of Business, 7e Guilmont Ave

Edmund R Walker M. D.,
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3595 Lanvin [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81782 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Watson

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 70 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 42 Lerews alley

Cause of Death, First (Primary), apoplexy

Second (Immediate), asphyxia

Duration of Last Sickness, 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Catherel Cemetery

Date of Burial, feb 23 1885

Undertaker Morgan # Pye

Place of Business, 9 Mulberry St

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81783 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 BALTIMORE

CERTIFICATE OF DEATH. 12

Date of Death, Feb-21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Homer a Blake

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 70 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Lottery

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give street and Number.} 10 Preston alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Senile Decay

Duration of Last Sickness, 5 days 2

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, Feb 26th 1885

Undertaker P P Byrne

Place of Business, Fort Ave

J M Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81784. *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Johann Wolf

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* One *Days,*

Color, white.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Belair Ave. Balto md.

Duration of Residence in the City of Baltimore, Lifetime —

Place of Death, {Give street and Number.} Belair Ave - opposite Wiessner's Brewery.

Cause of Death, First (Primary), Premature Birth - at 8 months.

Second (Immediate), Infantile Eclampsia

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Feb. 23 d 1885

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* Belair avenue

J. J. Mantech M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 81785 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, July 20th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ella Brown

HEALTH DEPARTMENT FEB 25 1885 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 21 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and Number.} 112. Chestnut alley

Cause of Death, First (Primary), Chronic Bronchitis,

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 Months. And No Treatment. Friends not for it on July 18th 85.

All the above information should be furnished by the Physician.

Place of Burial, 184 South Howard St

Date of Burial, 23 July

John L. K. Bogue M. D.
Medical Attendant.

Undertaker Israel Angell 187 Howard St

Place of Business, 184 Howard St *Address,* 273. Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8178 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22 February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J. Johnson

~~Sex,~~ *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, Black

~~*Married,*~~ ~~*Single,*~~ *Widow or Widower,* {Cross out the word not required in this line.}

Occupation Carpet Cleaner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First (Primary). Phthisis

Second (Immediate). "

Duration of Last Sickness, Months

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial, Feby 23 1885

Undertaker S. H. Chase

Place of Business 198 Howard

F. D. Waldstreicher M. D.
Medical Attendant.

Address 108 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 8178[illegible] *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 22d. February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph. Bosel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 35. *Years,* 6 *Months,* — *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} N. Durham Street 70.

Cause of Death, First (Primary), Uraemia Chronic nephritis

Second (Immediate), Hemorrhagia

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb 24th 85

Undertaker, G. Franz

Place of Business, Bonk & Wolff *Address,* S. Wolfe & N.

William Hensel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81788 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin J. Casey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~~1 yr~~ ~~1 yr~~ 3 mo

Place of Death, {Give Street and Number.} 44 S Durham st

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Feb. 23rd 85

Undertaker, G. Frank

Place of Business, Bank & Wolfe sts *Address,* 346 E Baltimore st

S. V. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 81789 *Office of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert House Durnett

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* 11 *Months.* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 65 Exeter

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, Feb. 23rd 85

Undertaker, G. O'Brien

Place of Business, Bank & Wolfe Sts.

E. J. Williams M. D.
Medical Attendant.

Address, 23 Eldon St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81790 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, February 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophie Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months,* 6 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 194 Caroline ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Feby 23rd 1885

Undertaker, D Emily & Mitchell

Place of Business, 530 W Fayette st

T. H. Welch M. D.
Medical Attendant.

Address, Bancroft

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8791 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feb 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Mansfield

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Deputy agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 250 E Fayette St

Cause of Death, First (Primary), Cardiac Embolism

Second (Immediate),

Duration of Last Sickness, Was Convalescing from Senile Catarrh

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Feby. 23 /85.

Undertaker, M. A. Daiger

Place of Business, 74 S Bway

D H Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully ... and ... of this Certificate

Board of Health, City of Baltimore,

Permit No. 81792 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 27th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eben Noble

~~*Sex, Male or Female.*~~ {Cross out the word not required in this line.}

Age, 83 *Years,* — *Months,* — *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Sure.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 189 Argyle Ave

Cause of Death, First (Primary), old age & General debility

Second (Immediate), Acute cord.

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, Feb 28th 1885

Undertaker John McMachen

Place of Business, No 150 Lemmon St

T. Wharton M. D.
Medical Attendant.

Address, 101 Porter

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimo

Permit No. 81793 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, ~~Feby~~ 21st 85 (Feby 21/85)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Kirkallwood

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Five~~ 45 *Years,* ..... *Months.* ..... *Days.*

Color, Brown

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cooke

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 85 Jasper St

Cause of Death, First (Primary), Cold

Second (Immediate), Pleurisy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cemetery

Date of Burial, ~~Feb~~ 24 1885

Undertaker, J. J. Locke

Place of Business, 93 Jefferson

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 81794 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert L. Gettings

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~In the Jefferson St~~ Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No 181 Jefferson St.

Cause of Death, First (Primary), Frequent colds

Second (Immediate), Pneumonia

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 24/6 1885

Undertaker, John Feeney

Place of Business, 882 Orleans St *Address,* 238 N Broadway

Milton N. Gayton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of Th...

Health Department, City of Baltimore.

Permit No. 8795 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J Boyd.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* ... *Months.* ... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Lime & Feed Business

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 270 E ~~Lombard~~ Baltimore

Cause of Death, First (Primary), Organic Heart Disease &c.

Second (Immediate), ...

Duration of Last Sickness, Ailing for several Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, February 24th 1885 R W Cattell M. D.

Medical Attendant.

Undertaker Denny & Mitchell

Place of Business, 68 S Broadway *Address,* 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 8796 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 22d 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Olsen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 18 Hudson St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Feby 24th 1880

Undertaker, Denny J Mitchell

Place of Business, 68 S. Broadway *Address,* 53 Elliott St.

E. Jr. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish thin twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this [illegible]

Board of Health, City of Baltimore,

Permit No. 8[illegible]797 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 24 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Cudlinson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Blacksmith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Pneumonia & Pleurisy

Second, (Immediate,) Asphyxia

Duration of Last Sickness, 5 days in Hospital

All the above information should be furnished by the Physician.

Place of Burial Balto Cemetery

Date of Burial, Feb 24th 1885

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St. *Address,* City Hospital

N R Clark M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 81728 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1885

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. A. Schultze

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 270 Sharp

Cause of Death, First (Primary), consumption

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 24th 1885

Undertaker, Ernest Schlegel

Place of Business, 18 S Howard *Address,*

M. Mahoney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore. 18

Permit No. 81755 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 24 1885

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kammer

Sex; ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26. *Years.* 7. *Months* 5. *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} No. 41 Wyeth st

Cause of Death, First (Primary), Phthisis pulmonalis & Valvular disease of Heart

Second (Immediate), Prostration

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, Febuary 24th 1885

Undertaker, Andrew Knell

Place of Business 206 Columbia Av. *Address,* 166 S. Ann st

O. D. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 81800 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22, '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. R. Gross

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 61 Cumberland st

Cause of Death, First (Primary), medical - of coroners jury

Second (Immediate), Typhoid fever & pneumonia

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feby 24th /83

Undertaker, J. E. Blough

Place of Business, 298 Penna ave

Wm A. Jones M. D.
coroner
~~Medical Attendant.~~

Address, 326 Hollins st city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 81801 *Office of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

FEB 24 1885

Date of Death, Feb 22d 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Colligon

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 year 9 month

Place of Death, {Give Street and Number.} 36 1/2 E. Pratt St.

Cause of Death, First (Primary), Febris puerperalis (Mania)

Second (Immediate), Collapsus

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Most H Redeemer

Date of Burial, Feb 24th

Undertaker, H Wiesel

Place of Business, 151 S. Bond St. *Address,* 245 S. Bond St.

J Mathieu M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 81802 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mattie L. Towers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months.* 21 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 182 N. Bethel St

Cause of Death, First (Primary), Tuberculer Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Fourteen days

All the above information should be furnished by the Physician.

Place of Burial, In Southern Cem.

Date of Burial, Feb. 24. 1885.

Undertaker, D. Koenig

Place of Business, 125 Orleans

E. Welch M. D.
Medical Attendant.

Address, 17 East Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

tion of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

8180 3 *Office of Registrar of Vital Statistics.* Ward 12 "1

...sician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary M. Christian

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation School teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 98 W. Townsend

Cause of Death, First (Primary), Paralysis

Second (Immediate), "

Duration of Last Sickness, 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, Feby 25th 1885

Undertaker, [illegible]

Place of Business, [illegible] *Address,* 506 Mad. Ave Balto.

J. H. Christian M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3596 Transit [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81804 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Hingle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 57 Stockton St

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Stockton St

Cause of Death, First (Primary), Malarious Fever

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cemetery

Date of Burial, Feb 24th 1886

Undertaker, Walter Dunnel

Place of Business, 805 W. Biddle *Address,*

Ot D. Hunt *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 81805 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

FEB 24 1885

CERTIFICATE OF DEATH.

Date of Death, Feby 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lillie Crist

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 4 *Months,* 23 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 3 Walnut alley

Cause of Death, First, (Primary,) Obscure - Active Diarrhea - great tenderness in right Illiac Fossa - Probably Peritonitis
Second, (Immediate,) Collapse

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 25th 1885

Undertaker, Walter Dunnel

Place of Business, 865 N Bridge

C Winslow M. D.
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81806 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [redacted] W. Volz George.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 7 *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 775 W. Baltimore St

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Nephritis.

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 24th 1886

Undertaker, J. M Leonard & Son

Place of Business, 782 W. Baltimore St

Owen Kalser M. D.
Medical Attendant.

Address, 169 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8180 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella McKomula

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Poland

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 22 N. Schroeder St

Cause of Death, First (Primary), Abdominal Dropsy

Second (Immediate), Heart Failure

Duration of Last Sickness, 2 or 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemeteries

Date of Burial, Feb 24

Undertaker Joseph Beck

Place of Business,

Geo. W. Simms M. D.
Medical Attendant.

Address, 844 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81808 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Febr. 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Henry Woods

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 29 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Taneytown Carroll Co. Md

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 9 Cocksie st

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Feb 25

Undertaker, Joseph P Cook

Place of Business, 704 W Baltimore st

Pierre G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81809

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 21 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Loos

~~Sex~~, *Male* ~~or Female,~~ { cross out the word not required in this line. }

Age, ~~1 Year~~ *Years,* 3 Months *Months,* 8 *Days.*

~~Color,~~ White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, Labouring Man

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bayern

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, { Give street and number } 34 — Bank St

Cause of Death { First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) ~~Two Years~~

Duration of last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, St Mathias

Date of Burial, 24 Feb 1885

S. N. Mayer M. D.
Medical Attendant.

Undertaker, Michael Frank

Place of Business, 35 Bank St *Address,* 133 E Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

6 9

Permit No. 61810

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd 1885,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bonnet-Lee Loyuch,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* Five (5) *Days.*

Color, White, *Sex,* Male,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Life,

Place of Death, {Give street and number.} 233 N. Ann st,,

Cause of Death, First (Primary,) Convulsions,

Second (Immediate,) Asthenia.

Duration of Last Sickness, Five (5) days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery Chas. B. Luyster M. D.

Date of Burial, Feb 24th 1885. Medical Attendant.

Undertaker, John Kerney.

Place of Business, 382 Orleans St Address 282 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person ... the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81811 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, Feb. 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} no name parents Saml Mcall Harriet Mcall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 0 *Months.* 0 *Days* 5 minutes

Color, Wh

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md ~~10 Bolton St near Biddle~~

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} 10 Bolton St near Biddle

Cause of Death, First (Primary), Premature delivery; accidental fall on ice, — of mother

Second (Immediate),

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Shanpet Cemetery

Date of Burial, Feb 24 1885

Undertaker, Mr Hemsley

Place of Business, 116 Orchard st

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore. 8"

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81812

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Pennell

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Coachman

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Deer Hall Md.

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give street and number} 66 Maryland Ave.

Cause of Death First, (Primary,) Organic Heart Disease (Valv.)

Second, (Immediate,) General Dropsy

Duration of last Sickness, Years Mos Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, Feb 25 1885

Undertaker, M. F. Kingsbury

Place of Business 1100 Howard St

F. Barlow Brune M. D.
Medical Attendant.

Address, 305 N. Chas. St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81813 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb'y 23rd 85 - 3:30 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3+ *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, 1½ yr

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Enteric Fever

Second (Immediate), Coma

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cl

Date of Burial, Feb. 24th 1885

Undertaker, Henry Hoen

Place of Business, 309 N Eutaw St

F W Mead M. D.

Medical Attendant. U.S.N.

Address, U.S. Marine Hospital Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8181 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

9

CERTIFICATE OF DEATH.

Date of Death, February 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Finnan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~; {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 104 W. Calvert St.

Cause of Death, First (Primary). Pthisis Pulmonalis (Tubercul Pthisis)

Second (Immediate).

Duration of Last Sickness, One month.

All the above information should be furnished by the Physician.

Place of Burial, Roman Rose

Date of Burial, Feb 25 85

Undertaker [illegible]

Place of Business, [illegible] *Address,* [illegible]

[illegible] M. D.

Medical Attendant.

Address, 5 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8/815 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac M. Denton

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 74 *Years,* 9 *Months.* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single, Widow or Widower~~

Occupation, Retired Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Salisbury Md

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give Street and Number.} 66. N. Paca

Cause of Death, First (Primary), Chronic Hepatitis

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Feb 25 1885

Chas F. Mitchell M. D.
Medical Attendant.

Undertaker, H. O. Fisher & Son

Place of Business, Park Lanaster St. *Address,* 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 81816 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Gukofske

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* ... *Months.* ... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four years

Place of Death, {Give Street and Number.} # 154 Chesapeake St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemit.

Date of Burial, 24 February 85

Undertaker, Frank Crack 2 Co

Place of Business, 215 S Ann St

John H Kelleyan M. D.
Medical Attendant.

Address, 143 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8187 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 23. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} A W Rupp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* 10 *Months,* 24 *Days.*

Color,

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Livery Stable keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 240 Druid Hill ave

Cause of Death, First (Primary), Cirrhosis of liver

Second (Immediate), Asthenia

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Feb 25th 1885

Undertaker John J Anderson

Place of Business 1616 Druid Hill ave

Attended M. D.
Medical Attendant.

Address, 258 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 81818 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Erwin Waylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* *Months,* 2 *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 270 Franklin St

Cause of Death, First (Primary), Prematures

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cemet

Date of Burial, Feb 24" 85

Undertaker, Jos B Cook

Place of Business, 707 W Balto St

James H Hemmeter M. D.

Medical Attendant.

Address, Same

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81819

Office of Registrar of Vital Statistics. 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 23 1865

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 15 *Days.*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Whole life

Place of Death, {Give street and number.} 207 Hanover

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.) Anaemia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Feb 24th 65

Undertaker, Parkins & Co

Place of Business, 95 Con Wayst

E. Lucas M.D.,
Medical Attendant.

Address, 106 Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 81820 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 22nd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Edward Holmes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, ... *Years,* 9 *Months,* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 153 Henrietta St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 24 1885

Undertaker, Hen Luke Ross

Place of Business, 95 Con Mayst

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8784 / *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feb 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Ellen Crow

Sex, Male or Female, {Cross out the word not required in this line.} /

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 54 Conway St

Cause of Death, First (Primary), Supposed Blue Pole

Second (Immediate), Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, Feby 23rd 1883

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

T. H. Sunderland M. D.
Medical Attendant.

Address, 54 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 81822 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Duffy

Sex, Male or Female, {Cross out the word not required in this line.} Edward Thomas Duffy

Age, — *Years,* — *Months.* 2 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 228 German

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Feb 24 1885

Undertaker, Matthew Cashogan

Place of Business, 224 Mulberry St

Edw. J. Millwee M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

al Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

No. 81823 *Office of Registrar of Vital Statistics.* Ward 16 ?

ysician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, ertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if o to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Boehme

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 5 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 26 Sterrett St

Cause of Death, First (Primary), Membranous croup

Second (Immediate), apnea

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 24. Feb.

Undertaker E Baehme

Place of Business, 26. Sterrett St Address, 134 Columbia ave

Geo R Grahame M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81824 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Simmons

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years~~, ~~Months~~, 22 Days

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 41 Burke st

Cause of Death, First (Primary),

Second (Immediate), Trismus Nascentium

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby 25th 1885

Undertaker, A. Sander Son

Place of Business, 232 Columbia

Thomas R. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 8182 5 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Roth

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 429 E. Ave.

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate).

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Feby 24th 85

Undertaker, A. Sanders Son

Place of Business, 252 Carlton

E. Gilbert M. D.
Medical Attendant.

Address, 53 Eleventh St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda below, and to Rule 9, on Back of this.

Board of Health, City of Baltimore,

Permit No. 81826 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 23rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Liebman

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Osterberg Bavaria Germany

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} 569 N. Fayette St.

Cause of Death, First, (Primary,) Angina Pectoris

Second, (Immediate,) Paresis of heart.

Duration of Last Sickness, Seven months

All the above information should be furnished by the Physician.

Place of Burial, Har Sinai Cemetery

Date of Burial, Wed. Feby 25th

Undertaker, Chas Hollander & Sons

Place of Business, 22 N. Pratt St.

H. McSimmons, M. D., Medical Attendant.

Address, 273 N. Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 81827 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23rd.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Beely James

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months. 5 Days

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 81 East St.

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Evergreen Cemetery

Date of Burial, Feb 26th 1885

Undertaker, Sam'l W. Chase

Place of Business, 198 E. Howard St *Address,* 262 Shaft St

R. M. Hall M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 8/8428 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 145 Pierce St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 24th 1886

Undertaker, Saml W. Chase

Place of Business, 198 E. Howard St.

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81829

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 24 1885

CERTIFICATE OF DEATH.

Date of Death, Feb" 28 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Francis Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* 11 *Months,* 19 *Days.*

Color, Dark Complexion *Sex,* Female

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} State of Maryland

Duration of Residence in the City of Baltimore, 28 years 11 months 19 days

Place of Death, {Give street and number.} King St No. 49

Cause of Death, First (Primary,) Heavy Cold

Second (Immediate.) Consumption

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 25th " 1885

John D. Brune M. D.
Medical Attendant.

Undertaker, Saml N Chase

Place of Business, 198 S. Howard St *Address* 267 Montgomery St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 81830 *Office of Registrar of Vital Statistics.* Ward 14/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary R Brookes

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 1 *Months.* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Hopkins Ave

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Feb 25th 1885

Undertaker, D Emy & Mitchell

Place of Business, 63 & Fayette St

John Neff M. D.
Medical Attendant.

Address, 206 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 81831 *Office of Registrar of Vital Statistics.* **Ward** 17 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Beal

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Nurse Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 363 Charles St

Cause of Death, First (Primary),

Second (Immediate) Phthisis

Duration of Last Sickness, 12 - months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Feb 25

Undertaker B. Hall

Place of Business, 82 West St

Moore Cook M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 8183 2 *Office of Registrar of Vital Statistics.* Ward 17 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Taylor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25 Hoyt St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, Feb 25

Undertaker, B. Hall

Place of Business, 52 West St

Wm Gould M. D.
Medical Attendant.

Address, 1701 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 8/833 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 23. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Zehner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty yrs. +

Place of Death, {Give Street and Number.} 8 Federal St.

Cause of Death, First (Primary), Atheroma of Intemperance

Second (Immediate), Hemorrhage

Duration of Last Sickness, An hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 26th

Undertaker, George Schilling

Place of Business, Ashland & Lyon

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Wash. Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 81834 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Stern

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 981 Bank St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Feb 26 2 yrs

Undertaker, G. Frank

Place of Business, Jones & Wolfe & *Address,* 342 E. Baltimore

W. J. Kelly, *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this.

Health Department, City of Baltimore.

Permit No. 81835 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Heidinger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 1018 E. Chestnut

Cause of Death,
First (Primary), Pneumonia
Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, Feb 25th 95

Undertaker, G. Frank

Place of Business, Bank & Wolfe Sts. *Address,*

H. Hall, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 81836 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ott

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 2 S. Chapel

Cause of Death, First (Primary), Old Age

Second (Immediate), Paralysis

Duration of Last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer C.

Date of Burial, Feby 25th 1885

Undertaker G. Frances

Place of Business, Bank & Wolfe Sts.

J. H. Collenberg M. D.
Medical Attendant.

Address, 344 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 81837 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Walters

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* 15 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #130 S. Pop. Street

Cause of Death, First (Primary),

Second (Immediate), Cranbrain

Duration of Last Sickness, From birth about 7½ Mon. chld

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb. 25 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 306 W Bayley

C W Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 81838 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, Feby. 23 — "86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Boulden

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* — *Months,* — *Days*

Color, Wht

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland — in U. S. 34 yrs.

Duration of Residence in the City of Baltimore, 34 years. —

Place of Death, {Give Street and Number.} No. 20 E. Monument

Cause of Death, First (Primary), Severe burns of chest, legs & arms

Second (Immediate), Shock

Duration of Last Sickness, Only few minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, Feb 25 th

Undertaker, H. C. Wiedefeld

Place of Business, 9a Fremont Ave

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 81839 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 25 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Travers

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 12 Plum alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, One years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 26 1885

Undertaker, Chas Euler Ross

Place of Business, 95 Lon Wayst

R. M. Keane M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 818440 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Enoch

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore. life time

Place of Death, {Give Street and Number.} 112 E Towson st Locust point

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Louis Cemetery

Date of Burial, Feb 25 1885

Undertaker, John Kearney

Place of Business, 382 Orleans *Address,* 166 S. Paca st

Ed. Buddeabohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t

Health Department, City of Baltimore.

Permit No. 81841 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 24/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~William~~ Dutton Lilly

Sex, ~~Male or Female,~~ Female {Cross out the word not required in this line.}

Age, (*Years,* ..... *Months,* ..... 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 706 Alice Anna

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Feb. 26 '85

Undertaker, Michael Sink

Place of Business, 95 Bank St

R. W. Hamilton M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8784 2 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew Jones

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 600 E. Chapel St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery.

Date of Burial, Feb 25 1885

Undertaker, Henry McGinnis

Place of Business, 44 E. N. Central *Address,* 644 Gay

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 8/843 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 25 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Feby 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth N George

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co. Virginia

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 42 Spring Row

Cause of Death, First (Primary), Old age

Second (Immediate), General debility

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Feby 26th 1885

Undertaker, Henry McGinnis

Place of Business, 5 N Central av *Address,*

James A Steuart M. D.

~~Medical Attendant~~

Camp 32 & 34

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 81844 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Washington Worsley

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, [illegible] *Years,* [illegible] *Months* 24 hours *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 09 Aisquith St

Cause of Death, First (Primary), Premature birth 6th month

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cong Cemetery

Date of Burial, Feb 25. 85

Undertaker, Isaac Oltfelder

Place of Business, 42 N. Eight St.

Coroner M. D.

Medical Attendant.

Address [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t

Health Department, City of Baltimore.

Permit No. 81845 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Boyer

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 43 S. Dallas St

Cause of Death, First (Primary), Cold.

Second (Immediate), Pneumonia.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cem.

Date of Burial, Feb 26th 1885

Undertaker, W. W. Madden

Place of Business, 46 East St

James H Cleary M. D.

~~Medical Attendant~~

Camp 16 & R

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 8/8446 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT FEB 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwards, Georgia

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sea Captain

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Britain Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 147 Hanover St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), (Albus) one years

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem

Date of Burial,

Undertaker, Henry W Jenkins & Sons

Place of Business, Cor Park & Saratoga *Address,* 2 Eutaw St

H. Jenkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

SAFETY ▲ FILM ■ ●

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 81847 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1885 BALTIMORE, MD.

Date of Death, Feby 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cinch

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ? *Months,* *Days*

Color, Col.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carrisfield Md.

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give Street and Number.} 126 S Bethel St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Feb 26th

Undertaker, Wilson & Grace

Place of Business, Caroline St. 142

R. W. Mansfield M. D.
Medical Attendant.

Address, 308 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK S

of this Certificate.

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81848

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
FEB 25 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Tucker

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 73 Years, ... Months, ... Days.

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Savannah Ga.

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and number} No 438 Fulton Avenue

Cause of Death, First, (Primary.) Pneumonia.

Second, (Immediate,) .....

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Com

Date of Burial, Feb. 26 1885

James A. [illegible] M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be th[e] y of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice ish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the eceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [o

DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 81849 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 25 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24—1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E. Bankard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* 3 *Months,* 6 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Fennel Co. Md.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 1117 N. Gilmor St

Cause of Death, First (Primary), Phthisis Pulmonalis (Consumption)

Second (Immediate), Asthenia

Duration of Last Sickness, I do not know: she was seen by me only a few visits upon her death-

All the above information should be furnished by the Physician.

Place of Burial, Linwood C. Co. M & W. M. R. R

Date of Burial, Feb. 27 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 1911 Lanvale

S. L. Chew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3597 Fremont [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8187 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 23. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Gibson.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} #118 Wilkens Alley

Cause of Death, First (Primary), Mitral Regurgitation

Second (Immediate), Dyspnoea

Duration of Last Sickness, 3 Years.

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Cemetery

Date of Burial, Feb. 25th 1885

Undertaker, Chas. W. Chase

Place of Business, 19 E. Howard St. *Address,* #63 So. Low St.

James A. Bunn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 8785 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
FEB 26 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 24. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Williams

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months.* ..... *Days*

Color, Col

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. 40 years about

Place of Death, {Give Street and Number.} 47 Tyson St

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, York Rd Cemetery

Date of Burial, Feb 25th 1885

Undertaker, Sam'l W Tew

Place of Business, 193 E. Howard St

G Lane Tanneyhill M. D.
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 8185 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPT. FEB. 25 1885 COMMISSIONER

a

CERTIFICATE OF DEATH.

Date of Death, Feb. 24 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 314 Aliond St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Feb 26 1885

Undertaker, D M Chase

Place of Business, 198 Howard St

C. O. Bond M. D.
Medical Attendant.

Address, 314 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore. 81853

Permit No. 81853 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. D.

Date of Death, February 25, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Warfield.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* *Months,* *Days.*

Color, white.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore County Maryland

Duration of Residence in the City of Baltimore, Three years.

Place of Death, {Give street and Number.} 432½ E. Hoffmans Ch. & of Belair ave

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Diphtheritic Laryngitis.

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 26th 1885

D. F. Mantent M. D.
Medical Attendant.

Undertaker George Schilling

Place of Business, Ashland Square *Address,* Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81854. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 24 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Bettie Hill

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Essex Co — Va

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give street and Number.} 79 Vincent St

Cause of Death, First (Primary). Consumption

Second (Immediate). Uterine Hemorrage with premature labor

Duration of Last Sickness. 10 days

All the above information should be furnished by the Physician.

Place of Burial, Harp St cemetery

Date of Burial, Feb 26th 1885

Undertaker Wm et Deegee

Place of Business, 62 East, St

J W Griffith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore.

Permit No. 8/855 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Young

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months.* *Days,*

Color, Black

Married, Single, ~~Widowed or Widower~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 3 Little Calhoun St

Cause of Death, First (Primary), Bronchitis Capillaris

Second (Immediate), Apnoea.

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters cemetery,

Date of Burial, Feb 26th 1885

Undertaker Wm. H. Young

Place of Business, 62 Eutaw St

Edwd. D. Cordyn M. D.
Medical Attendant.

Address, 244 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 81856 *Office of Registrar of Vital Statistics.* Ward 20?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 24. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Carroll.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days.*

Color, Black

~~Married, Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation Laundress & Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick County, Maryland.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give street and Number.} 105 Chestnut Alley

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Spinal Meningitis

Duration of Last Sickness, I attended 6 days.

the above information should be furnished by the Physician.

Place of Burial, St Peters cemetery

Date of Burial, Feb 26th 1885

Undertaker Wm H Burgess

Place of Business, 62 East, St

Geo. C. Shannon M. D.
Medical Attendant.

Address, 167 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8185 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 26 1885

a

CERTIFICATE OF DEATH.

Date of Death, July 24th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate O'Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 7 B Balto st

Cause of Death, First (Primary), ...

Second (Immediate), Typhoid Fever

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, East R Cemetery

Date of Burial, Feb 26 th

Undertaker, H Kipke

Place of Business, 151 S Bond st

Address, 28 S Bond

[signature] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 81858 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. F. Schully

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 108 West. St.

Cause of Death, First (Primary),

Second (Immediate), Acute Bronchitis

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Swartz Cemetary

Date of Burial, Feb 27/1885

Undertaker, Armstrong & Conn

Place of Business, 263 Light

R. J. N. Tall M. D.
Medical Attendant.

Address, 15-9 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8185 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 24th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Frances Lowry

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } —

Age, 25 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. } —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 106 East Chase St.

Cause of Death, First (Primary),

Second (Immediate). Puerperal Fever 9 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, Feb 27/1885

Undertaker Chas. Herring & Co.

Place of Business, 263 Light

A. M. Hunter M. D.
Medical Attendant.

Address, 36 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 8186 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Winfield Steward

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* 22 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Madison al.

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 days

the above info mation should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 26. 1885

Undertaker Wm Bachelman Jr

Place of Business, 132 W High st

E. B. Henry M. D.
Medical Attendant.

Address, 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 81861 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } George Voice

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 31 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Brickmaker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, { Give street and Number. } 15 Abrys Alley

Cause of Death, First, (Primary,) Tubercular Laryngitis

Second, (Immediate,) Ex Inanition —

Duration of Last Sickness, Several Months —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, [illegible] 29

Undertaker, B. Hall

Place of Business, 82 West

Last Seen Alive 2 Days — *M. D.,*

Medical Attendant.

Address, 221 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 81862 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, FEB 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 23rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } L. M. Todd

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Fifty four Years, Months, Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Carpenter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Worchester County Md

Duration of Residence in the City of Baltimore, Fifteen yrs

Place of Death, { Give street and Number. } 76 Fort Ave

Cause of Death, First, (Primary,) Anaemia of the Blood Dropsy of knee joint

Second, (Immediate,) Suppurative Fever

Duration of Last Sickness, Eleven days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, Febuary 26

{ Undertaker, B. Healy

Place of Business, 8 West St } Address 311 W Lombard St

W. T. Phillips M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th

Health Department, City of Baltimore.

Permit No. 8/863 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} annie Dennis.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 8 *Years,* —— *Months.* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phila. Penna.

Duration of Residence in the City of Baltimore, 5 weeks.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Facial Erysipelas after parturition.

Second (Immediate), Cerebritis.

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb. 26th 1885

Undertaker, Frank Meeks.

Place of Business, Division & Fremont Sts.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 8/1864 *Office of Registrar of Vital Statistics.* Ward 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Febr 25

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Minnie J McGrew

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 9 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, { Give street and Number. } 162 N Eutaw St

Cause of Death, First (Primary), Rectal Tumor probably malignant

Second (Immediate), Bowel Obstruction

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 27th 1885

Undertaker Hoffman Bros

Place of Business, Park Ave

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 81865 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or poner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 26 1885
BALTIMORE, MD.

Date of Death, Feby 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Taylor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 6 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 217 Madison Ave

Cause of Death, First, (Primary,) General & Senile decay

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 8 weeks in bed

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Feb 27th 1885

Undertaker, Wm Ens & Sons

Place of Business, Park & Saratoga *Address,* 23 [illegible]

C. Whitehead M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 81866 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, February 25 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Hoffmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 9 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 24 Eutaw St

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudenschlager Cemetery

Date of Burial, Feb 26 1883

Undertaker, Ernst Lohmann

Place of Business, 17 Shaw St *Address,*

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81867 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Estella Ross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Five *Years,* Two *Months,* Six days *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Guilford Howard County, Md.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give Street and Number.} No. 470 East Monument Street

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Twenty days

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Junction

Date of Burial, February 26, 1885

Undertaker, Henry W. Gruwell

Place of Business, H. E. McCauley, Address, No. 102 N. Eutaw

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3598 Transit

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81868

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 25 1885

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Viewig

Sex, ~~*Male or*~~ *Female,* { cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, { Give street and number } 1132 Eastern Ave

Cause of Death, First, (Primary,) Burned (accidentally)

Second, (Immediate,) Exhaustion

Duration of last Sickness, Seven Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, February 26th 1885

Undertaker, Leonhard Feurz.

Place of Business, 277 S Bond Street

E Hall Rushton M. D.
~~Medical Attendant.~~
Coroner

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of C...

Health Department, City of Baltimore.

Permit No. 8869 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Wednesday Feb 26th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas E. Armiger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* 6 *Months,* 24 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Maryland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 3117 N. Bond St.

Cause of Death, First (Primary), Pneumonia of Right Lung.

Second (Immediate), Exhaustion.

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, Feb 29th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Wilmer Brinton M. D
Medical Attendant.

Address, Chew St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore.

Permit No. 81870 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPT. FEB 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Febry 25

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Johnson

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* 1 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give street and Number.} #26 Madison ave.

Cause of Death, First (Primary), Pulmonary t. Laryngeal Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemy

Date of Burial, Feby 28th 1885

Chas C Donovan M. D.
Medical Attendant.

Undertaker D Ennis & Mitchell

Place of Business, 550 W Fayette *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 8187 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

REGISTERED
FEB 26 1885
BALTIMORE, MD.

Date of Death, 26th February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kruse.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 11 weeks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime.

Place of Death, {Give Street and Number.} S. Bathurst Street 269

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Ds Williams Cem.

Date of Burial, Feb. 27th 85

Undertaker, G. Francis

Place of Business, & Jones & Wolfe Sts *Address,* S. Wolfe No 112

William Kenkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of

Health Department, City of Baltimore.

Permit No. 8872 *Office of Registrar of Vital Statistics.* Ward 16 2/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRY
FEB 26 1885
BALTIMORE, MD.

23

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Casey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 71 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co. Md.

Duration of Residence in the City of Baltimore, For more than 30 years

Place of Death, {Give Street and Number.} 70 Burgundy alley

Cause of Death, First (Primary), Paralysis of Left Side

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 or 4 years

All the above information should be furnished by the Physician.

Place of Burial, Shapell, Cem.

Date of Burial, Feb. 27th 1885

Undertaker, Dugan

Place of Business, East Street *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 81873 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Ford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* ..... *Months.* ..... *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 117 E. Spring St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, February 27th

Undertaker, H. Lantz

Place of Business, 38 East St.

R. McCathran M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of

Health Department, City of Baltimore.

Permit No. 8187 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. FEB 26 1885 BALTIMORE MD.

Date of Death, Feb 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Barnes

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Conductor on B. C. & K. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, {Give Street and Number.} 18 Paterson Street

Cause of Death,
First (Primary), Pulmonary disease of heart
Second (Immediate),

Duration of Last Sickness, Fifteen Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, Feb 26th 85

Undertaker, G. Groner

Place of Business, 1 Frank & Wolfe Sts, *Address,* 46 Aisquith St

C Hall Pulliam M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 81875 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 2. 25. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Walker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, All but 40 yrs

Place of Death, {Give street and number.} 2 Sarah Lane

Cause of death, First, (Primary,) Cerebral hemorrhage

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Feb 27th/85

Undertaker, M Sedoran

Place of Business, 227 Mulberry St

Edw. Janney M. D., Medical Attendant.

Address, 212 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8/876

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. FEB 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Geo. W. & Mrs. Jennie Twitchell

Sex, Male or Female, {cross out the word not required in this line.} Female Twins

Age, ... *Years,* ..... *Months,* About 8 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Clay St near Eutaw

Cause of Death { First, (Primary,) Premature Birth caused by accidental
Second, (Immediate,) Rupture of Amnion asphyxia

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 26th 85

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St

T. Chew Worthington M. D.
Medical Attendant.

Address, 373 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is respectfully invited to the Penalties below, [illegible]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 26 1885
BALTIMORE, MD.

Date of Death, Feby. 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Anna Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Fifty Years, — Months, — Days.

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 35 Frederick St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Apoplexy

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Wash. Mt Cemetery

Date of Burial, Feb 27th 1885

Undertaker, Saml W. Wilson

Place of Business, 198 S. Howard st

E. M. Holbrook M. D.
Medical Attendant.

Address 185 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 8/878 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Aug 23-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelly Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Univ Hosp

Cause of Death, First (Primary), Pthysis

Second (Immediate), asthenia

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, W. B. Cemetery Feby 24/85

Undertaker, F. C. Kirchner

Place of Business, 129 Arlington Av *Address,* Univ Hosp

J R Trimble M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81879 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

FEB 26 1885

Date of Death, Feb 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} G. W. & Jennie Winton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Twin Parents

Age, ——— *Years,* ——— *Months,* 1/3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Clay St near Eutaw

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Feb 26 1885

Undertaker, M Cadogan

Place of Business, 227 Mulberry

James A Simms M. D.

~~Medical Attendant.~~

Address, Camp 176 & N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81880 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 25 1885 BALTIMORE, MD.

Date of Death, Feby 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Knowles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 11 Armistead Lane

Cause of Death, First (Primary),

Second (Immediate), Hypertrophy of Heart

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Feb 27 1885

Undertaker, C F Kramer & Son

Place of Business, 209 Hanover Address, 15 N Hanover St

J C Buck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81881 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, February 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brown

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 61 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} 100 S. Spring

Cause of Death, First (Primary), Asthma Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, Unknown, was sick 4 months ago.

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's East

Date of Burial, Feby 26 1885

Undertaker, William McDuff

Place of Business, 62 East St

Jno. S. Lund, M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 8188 2 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Freeling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months,* — *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 26 Vine Street

Cause of Death, First (Primary), Natural

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtery

Date of Burial, Feb Russ 28 1885

Undertaker, Chas Cules Ross

Place of Business, 95 Con West

H. K. Wiley M. D.
Medical Attendant.

Address, 190 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 3/883

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Timothy Diggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Hatter

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, Two Years

Place of Death, {Give street and number.} # 152 Chestnut St

Cause of Death, First (Primary,) Prostatitis Chronic

Second (Immediate,) Uraemia Coma Exhaustion

Duration of Last Sickness, five days

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia

Date of Burial, Feb 27/1885

Undertaker, James D Byrne

Place of Business, No 63 N Front St

Saml L Beck M. D.
Medical Attendant.

Address 134 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3600 Transcr

[OVER.]

Health Department, City of Baltimore.

Permit No. 21884 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby. 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas. B. Harrison

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cotton broker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} #36 Mt. Vernon Pl.

Cause of Death, First (Primary), Incised wound of throat

Second (Immediate), Hemorrhage from carotid art. & Jugular

Duration of Last Sickness, Few minutes

Case of suicide

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem

Date of Burial, February 27/85

Undertaker, Ed Jenkins & Sons

Place of Business, Park & Saratoga Sts

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 8/885 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT FEB 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 26 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 16 Forest Place

Cause of Death, First, (Primary,) Bright Disease

Second, (Immediate,) Convulsions

Duration of Last Sickness, one year

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Feb 27th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Frummount Ave

F. E. Chataud Jr. M. D.,
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81886 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

HEALTH DEPARTMENT
FEB 27 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, February 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma C. Kahn

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months.* 10 *Days*

Color, White

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 936 W. Pratt St.

Cause of Death, First (Primary), Pneumonia & Teething

Second (Immediate),

Duration of Last Sickness, about two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 1st 1885

Undertaker, Jno. P. Paulus

Place of Business, 66 Fredk Ave. *Address,*

D. J. Cuthbertson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Re...

Health Department, City of Baltimore.

Ward 8

Permit No. 81887 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Rebecca North

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 16 days

Place of Death, {Give Street and Number.} 309 E. Baltimore St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Feb. 27. 85

Undertaker, H. A. Dayer

Place of Business, 4 & 6 Bro...

C. H. Thomas, M. D.
Medical Attendant.

Address 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81888 · *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elanor Walker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 8 *Months.* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England 7 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 10 W. Bullock St.

Cause of Death, First (Primary), Miscarriage

Second (Immediate), Embolism

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cem.

Date of Burial, Feby. 27 '85

Undertaker, H. A. Daugherty

Place of Business, 74 S. Bway

W. B. Sellman M. D.
Medical Attendant.

Address, 46 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81889 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary H. Gilgins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Thirty Sixth Years, ... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 104 South Duncan Alley

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 27th of February

Undertaker, Henry Hofman

Place of Business, 63 N Eden St

Wm H. Clendinen, M. D.
Medical Attendant.

Address, No. 107 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to those on the

Health Department, City of Baltimore.

Permit No. 81890 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1885

CERTIFICATE OF DEATH.

Date of Death, Feb. 26th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Wallace

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 123 Vincent alley

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 123 Vincent alley

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb. 27th 1885

Undertaker, Jerd H. Chase

Place of Business, 198 S. Eutaw st. *Address,* 326 Hollins st city

Wm A. Jarvis M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B[illegible]

Board of Health, City of Baltimore,

Permit No. 8189 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT FEB 27 1885

H

CERTIFICATE OF DEATH.

Date of Death, Feb. 26, 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Ashton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days,*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion & asphyxia

Duration of Last Sickness, 10 days

At the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. Feb 27th 1885

Undertaker, Saml W. Shaw

Place of Business, 198 S. Howard St

W. R. Clark M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 81892 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday, Feb. 26 th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Gay & Chew sts (No. 445 N. Gay)

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Sunday at half past 2 o'clock

Undertaker, Hellick Schmidt

Place of Business, 263 Eager st

Wilmer Benton M. D.
Medical Attendant.

Address, Chas St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81893

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said de... sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

Date of Death, Feby 26th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo. Henry Peters.

Sex, Male or Female, {Cross out the word not required in this line.} male.

Age, 37 *Years,* — *Months,* — *Days.*

Color, White — *Sex,* male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single —

Occupation, Salesman —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Md City.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give street and number.} 117 N. Charles St

Cause of Death, {First (Primary,) Phthisis Pulmonalis —
Second (Immediate,)}

Duration of Last Sickness, Under my care this Dec 31st 84 —

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial Feby 27th 1885

R. Harlan M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,
Place of Business, 35 Park Ave.

Address 44 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the ... and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on...

Health Department, City of Baltimore.

Permit No. 81894 *Office of Registrar of Vital Statistics.* Ward 10 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
FEB 27 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby. 27. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline L. Hammer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* 3 *Months,* 26 *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 80 years

Place of Death, {Give Street and Number.} 53 No Greene St.

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate), Coma

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, Feby 28/1885.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

W. F. Kemp M. D.
Medical Attendant.

Address, 53 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 8/895 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 27 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Laura A. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 25 S Mulberry St

Cause of Death,
First (Primary), Carcinoma of Liver
Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Feby 28th 1895

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* " 23 Ed Ave

H. L. Friedenwald M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 8796 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FEB 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. F. McGee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} #20 Second Street

Cause of Death, First (Primary), Cancer of Intestines

Second (Immediate), Hemiplegia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, Feb. 27th 1885

Undertaker, James P. Byrne

Place of Business, ...

James A Steuart M. D.

Medical Attendant.

Com. of Health Physician

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

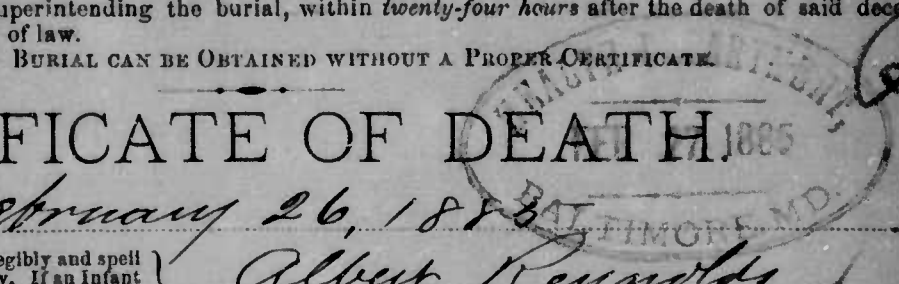
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 8197 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.



CERTIFICATE OF DEATH.

Date of Death, February 26, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Reynolds

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* ..... *Months,* ..... *Days*

~~Color~~,

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, can maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 348 N. Broadway

Cause of Death, First (Primary), Anemia

Second (Immediate),

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem

Date of Burial, Feby 28th 1885

Undertaker, H. Stander & Son

Place of Business, 252 Canton Av *Address,* 347 N. Broadway

W. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore,

Permit No. 8/1898 *Office of Registrar of Vital Statistics.* Ward 1 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT FEB 27 1885 BALTIMORE, MD.

Date of Death, 9 o'clock A.M. Thursday Feb 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Wachter

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, ____ *Years,* 11 *Months,* ____ *Days,*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 99 Luzern St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Pneumonia Spasms

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, Feb 27th 85

Undertaker L. Trance

Place of Business, Hunt & Wolfe St *Address,* 280 Donnell St

J. E. Prichard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 81899 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 27 1885
BALTIMORE MD.

Date of Death, February 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gaines

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 8 *Months,* —— *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 65 Park Ave

Cause of Death, First (Primary), Coeal

Second (Immediate), Pneumonia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 28th 1885

Undertaker, H W Jenkins Sons

Place of Business, Park & Saratoga sts *Address,* 69 Franklin St

Edward E Mackenzie M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 81909 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurate* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, o requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feby 26 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Glover

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 89 *Years,* *Months,*

Color, White

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and Number. } 211 Lee St

Cause of Death, First (Primary),

Second (Immediate) old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feb 28 1885

Undertaker Cunningham Co

Place of Business, 2607 Pitt *Address,* 1460 Hanover

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in t City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be th the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furn forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the date of death, except in cases of births and deaths of illegitimate children.

3601 Towson

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81909 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 26 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Samuel Glover

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 89 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Dorchester Co Md

Duration of Residence in the City of Baltimore, 18 Months

Place of Death, { Give street and Number. } 211 Lee St

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, Feb 28 1885

Undertaker Armstrong & Co

Place of Business, 207 Pratt

Medical Attendant. M. D.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3601 Towson

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81901 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret Wilson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, not known *Years,* 70 about *Months,* — *Days,*

Color, Colored

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Calvert County Md.

Duration of Residence in the City of Baltimore, About 35 years

Place of Death, {Give street and Number.} 136 Stirling Street.

Cause of Death, First, (Primary,) old age & genral debillity

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, about Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, Feb 28

Undertaker, Wilson & Grace

Place of Business, S. Caroline St. 142

J. E. Heard M. D.,
Medical Attendant.

Address, 216 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

(2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81902

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

(C

CERTIFICATE OF DEATH.

Date of Death, Feb. 26- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella E. White

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* Four *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} #157 S. Durham St.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} #157 S. Durham St.

Cause of Death First, (Primary,) Cold - from what I learn

Second, (Immediate,) Congestion of Lungs

Duration of last Sickness, 8 & 10 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, Feb 28

Undertaker, Wilson & Grace

Place of Business, Caroline St 142

H. H. Grant M. D.
Medical Attendant.

Address, #169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 81903 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT FEB 28 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Feby 26/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Spargo.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 4 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Md.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give Street and Number.} 69 Frederick Avenue.

Cause of Death, First (Primary), Phthisis.

Second (Immediate), Exhaustion.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Londonn Park Cemetery.

Date of Burial, Feb. 28/85.

Undertaker, Denny & Mitchell.

Place of Business, 550 W. Fayette St.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81904 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
FEB 1926
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, July 26 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Frame

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, (89) 8 m *Years,* *Months,* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Co Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 141 Preston

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 1st

Undertaker, Jos B Cook

Place of Business, 207 W. Balto

J H Pattison M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Use of Blanks on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81905 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

C

Date of Death, Feb. 26 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agusta Father

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 143 Lanvale Avenue

Cause of Death, First (Primary), Valvular (Heart disease)

Second (Immediate), /

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, United Cemetery

Date of Burial, 1 March 1885

Undertaker, John C. Schuck

Place of Business, 265 Aliceanna St. *Address,* 292 E. Pratt St.

James E. Donnelly *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certific...

Health Department, City of Baltimore.

Permit No. 81906 *Office of Registrar of Vital Statistics.* Ward 18"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

FEB 27 1885

Date of Death, Feby 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M Nunnish

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 8 *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Merchant Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 214 Columbia Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Feb 28th 1885

Geo D Blake M. D.
Medical Attendant.

Undertaker, Ernst Sahlmann

Place of Business, 181 Sharp St. *Address,* 158 Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 81907 *Office of Registrar of Vital Statistics.* Ward 4 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Friday Febry. 27 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delaney M. Fendlay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} S W Cor Exeter & Fayette Sts

Cause of Death, First (Primary), Dentition

Second (Immediate), Eclampsia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, 1st March 1885

Undertaker, Henry Kuhmann

Place of Business, 63 N Eden St

T. S. Ellwyer M. D.
Medical Attendant.

Address, 15 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

8[illegible]
#81908

Date of Death Feby 27. 85.

Name of Deceased Henry Knöckel

Male

Age 13 mos. 17 days.

White

Birthplace Balto City

Duration of Residence in B.C. Infinite

Place of Death 291 Front St.

Cause of Death Pneu. Meningitis

" " Immediate Cause & Convulsions

Duration of Sickness 10 days.

Balto Centre
I. Hervey

J. H. Robinson MD
25 Fr Lexington Ave

HEALTH DEPARTMENT
FEB 28 1885
BALTIMORE, MD.

Health Department, City of Baltimore.

Permit No. 81909 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. FEB 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Philip Everiss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} Res. 111 N. Chester

Cause of Death, First (Primary), Supposed Teething } The Child was dead when

Second (Immediate), Convulsions } I arrived at the house

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 1st 1885

E. J. Jones M. D.

Medical Attendant.

Undertaker, John Hennessy

Place of Business, 382 Orleans St *Address,* 375 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81910 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Lecount

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia Co Md

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 14 Towson St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 19 years

All the above information should be furnished by the Physician.

Place of Burial, Eastern Ave C

Date of Burial, Mar 1

Undertaker, B. Hack

Place of Business, 82 West St *Address,* 110 Fort Ave

O. A. Cooke *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 81911 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 28 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Ely Lunn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 16 E Raleigh

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Dropsy

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial. Feb 28. 1885

Undertaker, R. A. Hensley

Place of Business, 116 Orchard St

J. L. Simms M. D.,
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

FEB 28 1885

Date of Death, Feb. 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter J. Linn

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 26 *Years,* —— *Months,* —— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 366 Division st

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cem

Date of Burial, Mar 2. 1885

Undertaker, Martin Fahey

Place of Business, 128 Lowndes st

Frank J. Flanner M. D.
Medical Attendant.

Address, Cor. Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81913 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
FEB 28 1885
BALTIMORE

Date of Death, Febry 27. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas C. Maguire

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 35 Laurens Street

Cause of Death, First (Primary), Phthisis

Second (Immediate), "

Duration of Last Sickness, About one Year

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cem.

Date of Burial, Mar 1st 1885

Undertaker, Martin Fahey

Place of Business, 148 Lovemarket

P. J. Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 81914

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 26. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Carrie J. Banks.

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. } Female

Age, 2 *Years,* — *Months,* 25 *Days.*

Color, Col'd

Married, Single, ~~*Widow or Widower.*~~ { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } 65 Oxford St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Convulsions

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharpest Cemetry

Date of Burial, Feb 28 1885

Undertaker, Wm A Dungee

Place of Business, No 62 East St

Jno. F. Powell. M.D.,

Medical Attendant.

Address, 227 Carrollton Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Health Department, City of Baltimore.

Permit No. 81915 *Office of Registrar of Vital Statistics.* **Ward** 2 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Powell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 165 E. Augusta St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 1st 1885

Undertaker, H. Sander & Son

Place of Business, 252 Canton Av

D. Hyatt, *M. D.*, Medical Attendant.

Address, 241 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8/916 *Office of Registrar of Vital Statistics.* Ward 1 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Aug 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Lane

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 1 *Months,* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Entire time

Place of Death, {Give Street and Number.} 411 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate), Dysentery

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Feby 28/85

Undertaker, H. Sandel Son

Place of Business, 252 Eastern Ave

B. Gatch M. D.,
Medical Attendant.

Address, 411 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81917 *Office of Registrar of Vital Statistics.* **Ward** 7½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Barnet Bond

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, — —

Place of Death, {Give street and Number.} 313 Aisquith st

Cause of Death, First (Primary), Calculus

Second (Immediate), Lithotomy & heart failure

Duration of Last Sickness, death 10 days after operation

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 1st 1885

Undertaker Henry W. Meurs

Place of Business, 645 N. Gay st

M. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81918 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ann Spalding

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days*

Color,

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 103 N. Charles St

Cause of Death, First (Primary), Rheumatoid Arthritis

Second (Immediate),

Duration of Last Sickness, About 4 years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Mae

Date of Burial, Mch 2nd 95

Undertaker, Kelly Ruscin Bro

Place of Business, Parkton Baltimore Co

F. Stevens M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Form.

Board of Health, City of Baltimore,

Permit No. 81919 — *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT FEB 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman S. Eckelman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 6 *Years,* *Months,* *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Grocery Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 3 yrs

Place of Death, {Give street and Number.} 45 E Centre Market Space

Cause of Death, First (Primary),

Second (Immediate). Phthisis Pulmonalis

Some Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County.

Date of Burial, March 2nd

Undertaker F. N. Troll

Place of Business, 131 Hanover St *Address,* 882 Balto St

A. Tresp Uhlenhuth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81920 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, Feby 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Johnson

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months.* ..... *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 210 S Dallas St

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feby 28th 1885

Undertaker, C S Butler

Place of Business, 132 N Caroline

James A Lime M. D.
~~Medical Attendant~~

Address Canton P.O.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city it shall be the duty of the Physician who attended during his or her last sickness the deceased, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8192 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feby 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Addison Simpson {Parents}

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months* 2 hours ~~Days~~

Color, ditto

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 125 Chestnut Alley

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life Time (6 months)

All the above information should be furnished by the Physician.

Place of Burial, W. P. Cemetery

Date of Burial, Feby 28/85

Undertaker, F. A. Kerchner

Place of Business, Arlington Ave *Address,* Camp Mill Rd.

John A Adams M. D.
~~Medical Attendant~~.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Geo. E. Brown Sanitary Inspector

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8/1922 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death Supposed to be about the last of December 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Supposed to be Levy Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 42 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Not known

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Supposed to be Virginia

Duration of Residence in the City of Baltimore. Not known

Place of Death, {Give Street and Number.} Patapsco River Miller's Wharf

Cause of Death, First (Primary), Supposed to be Accidentally Drowned

Second (Immediate), ~ ~

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ea. Pub. Cemetery

Date of Burial, Feb. 28th 1885

Undertaker, Geo. Rinehart

Place of Business, Forrest Place

Hale Ruddle M. D.
~~Medical Attendant.~~
Coroner

Address, 10 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

The ... attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81923 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Houston

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* 21 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick City

~~*Duration of*~~ *Residence in the City of Baltimore,*

Place of Death, {Give street and Number.} 1849 N. Gilmor St

Cause of Death, First, (Primary,) Cancer ?

Second, (Immediate)

Duration of Last Sickness, 5 Weeks and 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet L. C. Old W. C. K.

Date of Burial, Mar 1

Undertaker, G. A. Blizzard

Place of Business, 201 Penna Ave

J. C. Hammer M. D.,
Medical Attendant.

Address, 87 N. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81924 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weaver

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 65 Years

Place of Death, {Give Street and Number.} Philadelphia Road

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Paralysis of Heart

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, Feb 28/1885

Undertaker, Armistead Ware

Place of Business, 26 Light St

C. H. Hall Sullivan M. D.
~~Medical Attendant~~ Coroner

Address, 1 St Paul Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 8/925 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

28

CERTIFICATE OF DEATH.

Date of Death, February 27 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Jefferson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 13 *Years,* 11 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Warwick Co. Va

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 474 E. Eutaw St

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, Feb 28th 1885

Undertaker, Chas S. Butler

Place of Business, 132 ½ Caroline St

G. F. Taylor M. D.
Medical Attendant.

Address, 284 N. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81926 *Office of Registrar of Vital Statistics.* **Ward** 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriet Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 40 *Years,* *Months,* *Days,*

Color, C

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States. If of foreign birth.} ~~49 Moore~~ ?

Duration of Residence in the City of Baltimore, ?

Place of Death, {Give street and Number.} 49 Moores al

Cause of Death, First (Primary), Burned, several days previously

Second (Immediate),

Duration of Last Sickness, six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, February 28th 1885

Undertaker Jno. L. Gray

Place of Business, 65 W. Mulberry

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8/927 *Office of Registrar of Vital Statistics.* **Ward** 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 27th, 1892

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Little

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} No. 108 Washington Av

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks

Date of Burial, March 1st 1892

Undertaker, M. Clark & Son

Place of Business, 92 Pac

J. A. Hull, M. D.
Medical Attendant.

Address, 211 Pine

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81928

Office of Registrar of Vital Statistics.

Ward 10 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27, 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. A. Wilkerson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Huckster in Lexington market

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give Street and Number.} No. 2 Diamond st.

Cause of Death, First (Primary), Suddenly with

Second (Immediate), heart disease

Duration of Last Sickness, about 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2, 1886

Undertaker, Mathews & Lee

Place of Business, 227 Hanover st.

Wm A Jones M. D.
Medical Attendant.

Address, 326 Hollins st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81929 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tracy M. Damm,

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 22, *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Centreville Balto Co

Duration of Residence in the City of Baltimore, Five Months,

Place of Death, {Give Street and Number.} N. E. Cor. of Fulton & Pratt,

Cause of Death, First (Primary), Pyaemia

Second (Immediate), Diphtheria

Duration of Last Sickness, 4 days,

All the above information should be furnished by the Physician.

Place of Burial, West Cathedral Cemetery

Date of Burial, March 1st

Undertaker, J B Cook

Place of Business, 707 W Pratt St

L. R. Wilson M. D.
Medical Attendant.

Address, 837 W. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81930 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Freeburn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 11 *Months,* 2 *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poughkeepsie N.Y.

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give Street and Number.} 309 Saratoga St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 6 mos

All the above Information should be furnished by the Physician.

Place of Burial Loudon Park Cemetery

Date of Burial, March 26th

Undertaker, W. Eilau

Place of Business, 101 Baraga St. *Address,* 225 N. Eutaw St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8/931 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, FEB 24 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, February 26. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ellen Turner.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 43 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 N. Charles St.

Cause of Death, First (Primary),

Second (Immediate) Cancer of the Womb,

Duration of Last Sickness, 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, ~~Feby.~~ Mar. 1/85

J. H. Hanck M. D.
Medical Attendant.

Undertaker W. A. Daiger

Place of Business, 748 Bdwy *Address,* 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81932 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Baker Bucholz~~ Louisa Buchaly.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow, Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 381 W Conrad av

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two (2) Years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, March 3 1883

Undertaker, Adam Fink — Hall Pullen M. D. Medical Attendant.

Place of Business, 164 N. Gay *Address,* 128 E Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81933 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th. February 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Dietz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 7 *Months.* *Days*

Color, white.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grinder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Saxe Weimar Germany 34 years.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} E. Eager St. 354

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemty

Date of Burial, March 2, 1885

Undertaker, Henry Hoch

Place of Business, 309 St Central Av *Address,* S. Wolfe & Hill

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 8/934 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank J. O'Connor

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 8 *Months,* —— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 146 E. Eager St.

Cause of Death, First (Primary), ——

Second (Immediate), Diphtheritic Croup

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 1st 1885

Thos. Turner Boyle, M. D.
Medical Attendant.

{*Undertaker* Henry W. Mears
Place of Business, #45 N. Gay St. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8935 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 28 - 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Addison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 3 *Months.* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md.

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} 206 Preston

Cause of Death, First (Primary), Congestion of lungs

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 2 1885

Undertaker, Alex Hemsley

Place of Business, Merchant St. *Address,* 219 Madison ave

G Lane Tanyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81936

Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, February 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hunt,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* —— *Months.* — *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 149 Pierce St.

Cause of Death, First (Primary),

Second (Immediate), Mammary Cancer.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, ~~2d~~ March 4th

Undertaker, Wm Madden

Place of Business, 46 East St

George H. Rohé, M. D.
Medical Attendant.

Address, Cor. Greene & Mulberry sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 81937 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, Feb 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Swartz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 298 Hanover St

Cause of Death, First (Primary), Teething

Second (Immediate),

Duration of Last Sickness, 1 Week.

All the above Information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 1 1885

Undertaker, P. D. Dill

Place of Business, Columbia Ave

Jas. A. Steuart M. D.

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunding = Inspector

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8738 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

GENERAL REGISTRY OFFICE MAR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 28/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kniesche

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 30 O. Burke St.

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Toronto Cemetery

Date of Burial, March 2 1885

Undertaker, John Kenney

Place of Business, 382 Eutaw St *Address,* 57 S Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81939 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 28, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. John Edward Keyser

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Twenty Nine *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 65 Granby Street

Cause of Death, First (Primary), ...

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 2 d 1885

Undertaker, John Herring

Place of Business, 382 Orleans St *Address,* Nr 102 h Broadway

Wm. H. Chedwick, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 17

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8/9/49

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAY 1 1935

Date of Death, Febry 28/14

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Merson

Sex, Male or Female, {cross out the word not required in this line.}

Age, 88 *Years,* *Months,* *Days.*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Queens

Duration of Residence in the City of Baltimore, Forty Years

Place of Death, {Give street and number} 382 W. Lombard

Cause of Death First, (Primary,) Phthisis

Second, (Immediate,) Two Months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Feb. 28/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,* 387 W. Lombard

H. L. Chism *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 81941 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 28th February 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sophia Queen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 95. Stirling St.

Cause of Death, First (Primary), Old age and debility

Second (Immediate), Exhaustion

Duration of Last Sickness, 5. Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 2nd 1885

Undertaker, Samuel F Cook

Place of Business, 98 S Howard St *Address,* 146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 21942 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mooney

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 17 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co. Md

Duration of Residence in the City of Baltimore, Twelve years

Place of Death, {Give Street and Number.} 34 Boyd St

Cause of Death, First (Primary), Phthisis,

Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, March 1 1885

Undertaker, D H Chase

Place of Business, 19 E Howard St

Hector Warfield M. D.
Medical Attendant.

Address, 112 W Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8943 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Essie A. Cephas

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Col.

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 4 Mo's

Place of Death, {Give street and Number.} No 20 Bolton Street

Cause of Death, First (Primary), ...

Second (Immediate). Convulsions

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Hart's Cemetery

Date of Burial, March 1 1885

Undertaker D. M. Chase

Place of Business, 198 Harrison St

B. S. Titcomb, M. D.
Medical Attendant.

Address, 616 W Balto Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81944 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate; *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Winjikofske

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 281 Alice Anna St

Cause of Death, First (Primary), Pneumonia (Acute)

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, March 2nd 85

Undertaker, John C. Schultz

Place of Business, 965 Aliceanna *Address,* 243 Alice Anna St

John H. Pellegrin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81945 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Henry Abt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 198 Eastern Av

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, March 2d

Undertaker, John Brown

Place of Business, 242 S. Bethel St

John H. Mehlenger M. D.
Medical Attendant.

Address, 243 Alice Annah.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 81946 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT
MAR 2 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 28th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas S Dabney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 87 *Years,* 2 *Months,* *Days.*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation, None Planter in former years

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 98 W John St

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Heart failure or Explosive Apoplexy

Duration of Last Sickness, sudden death found dead in bed

All the above information should be furnished by the Physician.

Place of Burial, Gloucester Co Va

Date of Burial, Mch 2nd 85

Undertaker, H W Jenkins Sons

Place of Business, Park & Saratoga

Edmund R Walker M. D.
Medical Attendant.

Address, 183 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3602 Hanover

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81947 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 2 1885

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 28/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tierney

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 yrs in Balto Co

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Emphysema of Lungs

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Barney Bray Cem

Date of Burial, March 2nd 1885

Undertaker, A. Rohde

Place of Business, 48 Penn avenue

R B Walker M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81948 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Burrow

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 7 *Months,* 22 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 310 E. Madison St

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Asphyxia

Duration of Last Sickness, Three (3) Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 2nd 1885

Undertaker, Henry Hoen

Place of Business, 309 N. Eutaw St

J. W. Blacer M.D.
Medical Attendant.

Address, 8 Eager Pl. Lane

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81949 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March July 28 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Dunnard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 7 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City 34 — 7

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 19 Burough Ally

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 3 days

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 3

Undertaker, B. Mark

Place of Business, 82 West St

R. M. Ellis M. D.
Medical Attendant.

Address, 813 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81950 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 2 1885

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert Casey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 146 N. Front

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Spasms

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, March 2d 1885

Undertaker, Hay W. Mears

Place of Business, #45 N. Gay St. *Address,* 71 Hanover

C. H. Kummer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8957 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, February 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin Pierce Hayburg

~~*Sex*~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 32 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick City Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 31 S Broadway

Cause of Death, First (Primary), Emphysema & pneumonia

Second (Immediate), Asthma, Oedema pulmonum

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 2/85

Undertaker, H W Muars

Place of Business, 45 N Gay

Thatcher M. D.
Medical Attendant.

Address, 29 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8/952 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Loacker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Sixty-eight *Years,* *Months,* *Days*

Color, Brown

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co- Md.

Duration of Residence in the City of Baltimore. Fifteen Years

Place of Death, {Give Street and Number.} No. 232 E. Monument St.

Cause of Death, First (Primary), Cold

Second (Immediate), Consumption

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, March 1st 1885

Undertaker, H. A. Poole

Place of Business, [redacted]

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81983 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

GENERAL DISTRICT
MAR 2 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schleu

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* ~~ *Months.* ~~ *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} # 274 Eastern av.

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness, ~~

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemtry

Date of Burial, March 3th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Anne

John H Rehberger M. D.
Medical Attendant.

Address, 143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

8

Permit No. 81954

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, correctly filled *out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Robert A. Mahoney

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* Four *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Infant

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Four Months

Place of Death, { Give street and number. } 287 Cathedral Street

Cause of Death, { First (Primary,) Bronchitis / Second (Immediate,) Apnoea

Duration of Last Sickness, About ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 2d 1885

Wm Green M. D.
Medical Attendant.

Undertaker, Wm Weaver

Place of Business, No 202 N. Eutaw St *Address* 270 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81955 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 27 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lorenzo Dirin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Coma

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, March 2nd 85

Undertaker, Lee Ritchard

Place of Business, Forest Place *Address,* 45 Main Hosp Service

F W Mead M. D.

Medical Attendant. Pro tem

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81956

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emiline Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} ~~Male~~

Age, 65 *Years,* — *Months,* — *Days.*

Color, Colored

~~Married~~, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Carrol Co Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} McAlister Court near Chew St

Cause of Death, {First (Primary,) Pneumonia

Second (Immediate,)

Duration of Last Sickness, 24 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 2 1885

Undertaker, Morgan & Pye

Place of Business, Mulberry St 329

C. J. Harne M. D.
Medical Attendant.

Address 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8195 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Francis Shannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months.* 8 *Days*

Color, White

Married, Single, Widow or Widower {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 808 S. Caroline St

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate), Congestion Brain

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 2nd 85

Undertaker, M. Cadogan

Place of Business, 227 Mulberry *Address,* 110 Fort Ave

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the Law of Baltimore City

Health Department, City of Baltimore.

Permit No. 81958 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, February 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Hankeberg

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 or 16 yrs.

Place of Death, {Give Street and Number.} 340 Hamburg St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 2. 1885

Last 12 or 20 M. D.

Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Cor Sharp & Cross Sts. *Address,* 161 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 81959 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Alexander

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give street and Number.} 216 Bruce St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Chase City Va

Date of Burial. March 2

Undertaker, Hercules Ross

Place of Business, Broadway & St

J. W. C. Cuddy, M. D.,
Medical Attendant.

Address, 137 N. Carroll Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3603 Harvard

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81960 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander Gunnon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Thirty-five *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Harness-maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 193 Battery av.

Cause of Death, First (Primary), Phthisis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 3 1885

Undertaker Armstrong

Place of Business, 263 Light

W. E. Lamon J. H. Barclay M. D.
Medical Attendant.

Address, 47 Conway St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81961 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Kehkel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months* *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 231 Sharp St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Debility

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Bath County

Date of Burial, March 2/85

Undertaker, Armstrong Bro

Place of Business, 202 Light St

W. B. Noble M. D.
Medical Attendant.

Address, 50 Harrison Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8/1962 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 2 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Feb 28/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Weber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Mariner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hull - England -

Duration of Residence in the City of Baltimore, 6 days -

Place of Death, {Give street and Number.} Stem - Denhamd - Lemmt Bund

Cause of Death, First, (Primary,) Suffocation by Coal Gas.

Second, (Immediate,) " " -

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 2nd '83

Undertaker, W. A. Saiper

Place of Business, 74 S. Bdwy.

Dr. A. Bell M. D.,
Medical Attendant.

Address, 161 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81963 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JAN 27 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan- 28th 1885-

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hall-

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days,*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Engineer Steamboat

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hartlepool. England-

Duration of Residence in the City of Baltimore, 6 days

Place of Death, {Give street and Number.} Steamboat - Saint Louis

Cause of Death, First, (Primary,) Suffocation by Coal Gas

Second, (Immediate,) " "

Duration of Last Sickness, 6 hrs

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, Mar. 2/85

Undertaker, W. W. Taiper

Place of Business, 74 & 76 Balto.

Isaac Bell M. D.,
Coroner
~~Medical Attendant~~

Address, 161 E Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8964 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

PUBLIC HEALTH
MAR 2 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Feby 28. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanley Hynson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* 10 *Months,* 25 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married ✓

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 29 Jackson Place

Cause of Death, First (Primary), Spinal Meningitis (Cervical region)

Second (Immediate), Paraplegia – Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 3/85

Undertaker, Wm S Fry

Place of Business, 8 & Baltimore

W. F. A. Kemp M. D.
Medical Attendant.

Address, 55 Holyrood St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81965 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, July 28th 1885 ~~March 12th 1885~~

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Kraus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Born in Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} No 11 Russell St

Cause of Death. First (Primary), Typhoid Fever and Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 2nd 85

A. M. Dodge, M. D.
Medical Attendant.

Undertaker H. Lindsey & Son

Place of Business, 252 Gaston Ave *Address,* 110 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81966 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sunday Evening March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Samuel F Travers

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 5 *Months,* ——— *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 84 Lugern St

Cause of Death, First (Primary), Pnumonia

Second (Immediate), Pnumonia

Duration of Last Sickness, 16

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, March 3rd 85 } J. E. Pinchard M. D.
Medical Attendant.

Undertaker H C Sander & Son } *Address,* 280 Donnell St

Place of Business, 232 Eastern

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

(14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8 1967

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH OFFICE MAR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas. & Martha Brown Inf.

Sex, Male or Female, { Cross out the word not required in this line. } Inf.

Age, 1 *Years* 1 *Months,* 9 *Days.*

Color, White *Sex,* Inf.

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and number. } 210 Wilkes st,

Cause of Death, { First (Primary,) Marasmus

Second (Immediate,) Exhaustion

Duration of Last Sickness, Life,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 2d 1885

{ *Undertaker,* Wm A Dunge

Place of Business, 62 East st

J. L. Taylor M. D.
Medical Attendant.

Address 217 Fawn st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81968 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Griffith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Oyster Tonger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 210 N. Eden

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 3d 1885

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St.

Geo. B. Rayner M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81969 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 2 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Feb.~~ March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward S. Fisher

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 7 *Months.* 1 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 471 N. Mount St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, March 3rd 1885

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St. *Address,* 520 Penna Ave

L. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 3 2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 81970

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie antoinette Chapman

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 6 *Years,* 4 *Months,* 14 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 105 N Caroline St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,)

Duration of last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 2" 1885

Undertaker, Wilson & Grace

Place of Business, Caroline St 141 *Address,*

D W Tilaue *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8191 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas O'Brien

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 109 Chestnut

Cause of Death, First (Primary), Congenital Umbilical Hernia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 2 1885

Undertaker, Jas Payne

Place of Business, 63 Fremont

..... M. D.
Medical Attendant.

Address, 109 Chestnut

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 01772

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8197½ *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Barry

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* — *Months,* 12 hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} No 1 Poplepleton al.

Cause of Death, First (Primary), Premature birth,

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 2d 1885

Geo A Pennington M. D.
Medical Attendant.

Undertaker Jno A McCoy

Place of Business, 422 W Fayette St *Address,* 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81973 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~March~~ March 1st "

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clara Mabel Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* four *Months,* ——— *Days.*

Color, colored

Married, Single, ~~Widow~~ or ~~Widower,~~ {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bay View.

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and number.} 34 Etting St.

Cause of death, First, (Primary,) Pneumonia.

Second, (Immediate,)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Sharpes-Dentry

Date of Burial, March 2 1885

Undertaker, Rex Hunting

Place of Business, 116 Orchard

H. B. Coffroth M. D.,
Medical Attendant.

Address, 230 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81974 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 2 1885
BALTIMORE, MD.

H

CERTIFICATE OF DEATH.

Date of Death, March 1st. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months.* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 40 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, March 3d/85

Undertaker, Victor Noodles.

Place of Business, Liming & Jones

R. McGoldsmith M. D.
Medical Attendant.

Address, Harlem av. Catons

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81975 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 2 1885 BALTIMORE, MD.

Date of Death, March 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josie

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* — *Days*

Color, White

~~*Married*~~, *Single, Widow or Widower* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St Vincents Infant Asylum

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 3/85

Undertaker, Peter Neudles

Place of Business, Division & Monument

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81976 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sunday morning March 1st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Jane Hamilton Scott

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 4 *Years,* [illegible] *Months,* 3 *Days,*

Color, ce

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, 4 years

Place of Death, { Give street and Number. } # 6. Brunes Alley [redacted]

Cause of Death, First, (Primary) [redacted]

Second, (Immediate,) Hemorrhage from lungs

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted] Cemetery

Date of Burial, March 3 1885

Undertaker, Adolf Hemsley

Place of Business,

Wm. Nelson Webb M. D.,
Medical Attendant.

Address, # 1620 Eutaw Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore,

8 n

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8197

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 1st March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret McKernan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Seventy Years, Months, Days.

Color, White Sex, female

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House keeper.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Forty Years.

Place of Death, {Give street and number.} 361 N. Howard Street.

Cause of Death, First (Primary,) Phlegmonous Erysipelas

Second (Immediate,)

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 3/85

Geo. J. Collins, M. D.
Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 271 N. Eutaw Address 80 W. John St., Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81978 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Donaco

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Portville, Penn.

Duration of Residence in the City of Baltimore. 4 months

Place of Death, {Give Street and Number.} 43 President

Cause of Death, First (Primary), Marasmus

Second (Immediate), —

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, March 2d

Undertaker, [illegible]

Place of Business, 131 S Bond St.

W W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Annexed Notice, and

Health Department, City of Baltimore.

Permit No. 81979 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geannette Thates

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 5 *Months,* 6 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 57 Mc Henry St.

Cause of Death, First (Primary),

Second (Immediate), Teething

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park

Date of Burial, March 3rd 1885

Undertaker, Wm J. Tiellman

Place of Business, 65 S. Eutaw St

H. H. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81980 *Office of Registrar of Vital Statistics.* Ward 15 T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, Feby 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia B Brown

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, ~~*Single, Widow or Widower;*~~ {Cross out the word not required in this line.} —

Occupation, House work

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne County Md

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give street and Number.} 92 L. Church St

Cause of Death, First, (Primary,)

Second, (Immediate,) Phthysis Pulmonalis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Feb 2nd 1885 — Jno Connell M. D.

Undertaker, Geo H Perkins — Medical Attendant.

Place of Business, 221 Hamburg St *Address,* 162 S. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish a Certificate of such death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as practicable the full name, sex, age and condition (whether married or single) of the person deceased, and the [illegible] cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81981 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Reed

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, Col

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 106 Eastern Ave

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 4 1885

Undertaker, Morgan & Pye

Place of Business, 9 Mulberry St

J J Gaut M. D.
Medical Attendant.

Address, 137 or 6 ... St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81982 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1901

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen O Brien

Sex, Male or Female, {Cross out the word not required in this line.} ✓

Age, *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 12 Webster Court.

Cause of Death, First (Primary), Pneumonia Influenza

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 4th

Undertaker, H. C. Wiedefeld

Place of Business, 20 Greenmount Ave

J. H. Robson M. D.
Medical Attendant.

Address, 251 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 81983 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, February 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwd J. Kennedy

~~*Sex*~~, *Male or* ~~*Female.*~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 143 Greenmount Ave

Cause of Death, First (Primary).

Second (Immediate). Double Pneumonia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's, Govanstown

Date of Burial, March 3d

Chas Smith Bond M. D.
Medical Attendant.

Undertaker H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, [illegible] on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 81984 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Hanche Wegrano

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* — *Months,* — *Days.* ✓

Color, White

Married, ~~Single, Widow or Widower~~, {~~Cross out the word not~~ required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 44 Years

Place of Death, {Give street and Number.} 1305 Broadway

Cause of Death, First (Primary), Cancer of the Rectum

Second (Immediate), Asthenia

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Loyola Cemetery

Date of Burial, March 3

Undertaker W. Gilroy

Place of Business, 101 Gay St. *Address,*

A. D. Smoot M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81985 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents Names, Chas A. Caulkin Virginia Caulkin

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 4 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death. {Give street and Number.} 468 Madison ave.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, Mar 3rd 1885

Undertaker Wm Weaver

Place of Business, 202 N. Eutaw St

C. H. Miller M. D.
Medical Attendant.

Address, 188 Hanover.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81986 *Office of Registrar of Vital Statistics.* Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan S. Griffin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 127 Lemvale Street

Cause of Death, First (Primary), Chill (Congestion?)

Second (Immediate), Typhoid State, great Severity and Rapidity

Duration of Last Sickness, 3 to 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Mch 3rd 1885

Undertaker, Denny & McShea

Place of Business, 550 W Fayette

Jos. Leydekker Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8198 *Office of Registrar of Vital Statistics.* Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} M F McCubbin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 38 New Enon

Cause of Death, First, (Primary,) Exposure

Second, (Immediate,) Consumption

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 4

Undertaker, Wm J Schaffer

Place of Business, 5. S. Front ST

D V Mayer M. D.,
Medical Attendant.

Address, 192 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 81988

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81988 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2d - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Norton King

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* 9 *Days,*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 116 Fairmount Ave

Cause of Death, First, (Primary,) Scarlet-Fever.

Second, (Immediate,) —

Duration of Last Sickness, 23 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 3. /85

Undertaker, H. A. Dayer

Place of Business, 7th & Lee

J. Harvey Hill M. D.,
Medical Attendant.

Address, Cor Calhoun & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81989 *Office of Registrar of Vital Statistics.* **Ward** 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2

CERTIFICATE OF DEATH.

Date of Death, March 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Reed. D/ Joshua Reed Parents

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* one Year *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 47 Lexington St

Cause of Death, First (Primary),

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E Public Cemetery

Date of Burial, March 3rd 85

Undertaker, L Reinhart

Place of Business, Forest Place

James A Adams M. D.
~~Medical Attendant.~~

Address, County H & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas A. Fitzpatrick Sanitary Inspector

[over.]

KODAK SAFETY FI

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 81990 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, March 2d 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Otto Rossbach

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 4 *Years,* — *Months,* 15 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md — U. States

Duration of Residence in the City of Baltimore, During Life

Place of Death, { Give street and Number. } 235 Montgomery St

Cause of Death, First, (Primary,) Scarlatina. —

Second, (Immediate,)

Duration of Last Sickness, Five days. —

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 4th 1885

Undertaker, Henry Bride

Place of Business, Kennedy St *Address,* 226 Montgomery —

Geo. Strauss M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8199 *Office of Registrar of Vital Statistics.* Ward 8 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mar. 2nd 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Conner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Butte. Mt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 146 E. Eager st

Cause of Death, First (Primary),

Second (Immediate). Diphtheritic Toxaemia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, March 3d 1885

Undertaker Henry W. Inears

Place of Business, 445 N. Gay St *Address,*

Dr Frank Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81992 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Feb. 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida V. Cornish

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 9 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 1

Place of Death, {Give Street and Number.} 23 China St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Apoplexy

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, W. Pauls Cem'y

Date of Burial, March 3rd 1885

Undertaker, F. A. Kirchner

Place of Business, Arlington Av *Address,* 210 Shook

U. S. Brez M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81993 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thorpe

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 662 W. Pratt st

Cause of Death, First (Primary), congestion of lungs

Second (Immediate), Prostration

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 3

Undertaker, Joseph D Cook

Place of Business, 707 W Baltimore

Wm A James M. D.

Coroner ~~Medical Attendant~~.

Address, 826 Hanover st. city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81994 *Office of Registrar of Vital Statistics.* **Ward** 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Ellis Hicks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* Six *Months.* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 7 Hull Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 3 or 1885

Undertaker, Wm Maddux

Place of Business, 46 East St

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81995 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Edwards

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 72 Lewis st.

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cem

Date of Burial, March 4th 1885

Undertaker, W. W. Madden

Place of Business, 46 East st

James H Kenny M. D.

~~Medical Attendant.~~

Address, Cumfort P R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McMcKeown Sanitary Inspector

[Over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81996 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny Delany

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 39 Fernand St North

Cause of Death, First (Primary), Disease of Stomach and

Second (Immediate), Exhaustion

Duration of Last Sickness, Weeks —

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar 4th/85

Undertaker, Wm. Cadogan

Place of Business, 227 Mulberry St

Rd Ann Shoney on bank

M. D.

~~Prudent Attendant~~

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81997 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1885

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} Precilla Edmonds Ponder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bladensburg Prince George Co Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 145 N Calvert St.

Cause of Death, First (Primary), Enlargement & induration of Liver

Second (Immediate), Nervous prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 4th 7

Undertaker, STEWART & MOWEN, UNDERTAKERS, 36 Park Ave.

Place of Business,

Jos. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mt. Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 81998 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1855

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore H Bowers of

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since Born

Place of Death, {Give Street and Number.} 34 E. Fallon St

Cause of Death, First (Primary), —

Second (Immediate), Nature Given

Duration of Last Sickness, about Six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, March 6/55

Undertaker, J. B. Cook

Place of Business, 107 W. Balto *Address,* 185 W Fayette

M. D.

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 81999

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 81999 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William S Hurst

Sex, Male or Female, {Cross out the word not required, in this line.} Male

Age, 4 *Years,* 11 *Months,* 3 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 445 Franklin St

Cause of Death, First (Primary), Epithelioma

Second (Immediate), Excavation

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, March 5/1885

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 134 N Carrollton Ave.

Edw L Remington M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82,000 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Little

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 17 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 15 Park Avenue 1st door below Lexington

Cause of Death, First (Primary), Abscess Lumbar extending down into thigh

Second (Immediate), Exhaustion &c

Duration of Last Sickness, three months

the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Mch 4th 85

C H Stone M. D.
Medical Attendant.

Undertaker STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address, N. 56 N. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 82001 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 25 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dr Johnson

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3 *Years,* 6 *Months,* — *Days,*

Color, Common White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Daughter

Place of Death, { Give street and Number. } 78 S. Dallas St

Cause of Death, First (Primary), Acute Pulmonary Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen

Date of Burial, March 4 1885

Undertaker Thos J Locke

Place of Business, 73 Jefferson St

Wm Simpson M. D.
Medical Attendant.

Address, 156 E Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82005 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Blaine Walker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give Street and Number.} 107 W. Charles St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Bright's Disease

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Brownsville Md.

Date of Burial, March 5th 1885

Undertaker, W. H. Jenkins & Sons

Place of Business, Park & Saratoga *Address,* 97 N. Charles St.

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

* 3614 Penn

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82003 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah G. Klein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Carpenter

Birthplace, {State in country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 53 N. Poppleton St.

Cause of Death, First, (Primary,) Shock

Second, (Immediate,) Physical disintegration

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial. Greenmount Cem

Date of Burial. March 5th 1885

Undertaker, F. Louis Schuster

Place of Business, 109 N. Fremont

Edward A. Inans M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 82004

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82004 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 4 1885
BALTIMORE, MD.

Date of Death, Mar 3rd 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Hays

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, abt 80 *Years,* *Months,* *Days.*

Color C

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Shelter for Aged Colored Persons

Cause of Death. First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, Zion Church Cem Balto Co

Date of Burial, March 4th 1885

Undertaker John J Andrews

Place of Business, 164 x 6 Druid Hill Ave

R. Winslow M. D.
Medical Attendant.

Address, 20 n Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82005 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Hatty Frasher March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days,* 4

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Johns Hopkins Asylum

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Sharp street Cem

Date of Burial, March 4th 1885

Undertaker John J Andrews

Place of Business No 486 Druid Hill Ave

R C Winslow M. D.
Medical Attendant.

Address, 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82006 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John A. Clarke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nailer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} No 108 N. Washington n

Cause of Death, First (Primary), Chronic Cystitis

Second (Immediate), Acute - Dysentary

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery cor Broadway & Gay st

Date of Burial, March 4th

Undertaker, Geo Schilling

Place of Business, Ashland Bynas

F. L. Russell M. D. M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82107

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate B. Grisen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* 2 *Months,* 15 *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number.} 21 McCelderry St.

Cause of Death, First (Primary,) Melancholia

Second (Immediate,) Diseased Brain

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsius Cem A. G. Watson M. D.

Date of Burial, March 6th 1885 Medical Attendant.

Undertaker, Adam Funk

Place of Business, 1161 N. Gay St. *Address* 437 N. Central Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82008 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Clussman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 160 S Bethel St

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 5. 1885

Undertaker, H. Sanderson & Son

Place of Business, 252 Canton

John H Ribberger M. D.
Medical Attendant.

Address, 143 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82009 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ...

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Russell

Sex, Male or Female, {Cross out the word not required in this line.} .....

Age, ... *Years,* ..... *Months.* 17 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 26 Ricketts St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Shark St cemetery

Date of Burial, March 4

Undertaker, H Robb

Place of Business, Broadway & St

Wm Boyd M. D.
Medical Attendant.

Address, 210 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8 2 0 1 0 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Jesse F. Newmans

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 107 Pt. Paul Pt.

Cause of Death, First (Primary), Acute Nephritis {Complicated with Pulmonary abscess & Valvular Dis of Heart.

Second (Immediate), Cardiac Failure with Passive Cerebral Congestion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 5th

Undertaker, Denny & Mitchell

Place of Business, ~~350 N. Fayette St~~

37 Leonard M. D.
Medical Attendant.

Address, 314 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82011 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 4 1885 BALTIMORE MD

Date of Death, Mar 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry J Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 167 Church ave

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmon

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 6th

Undertaker, Dennis Mitchell

Place of Business, 330 W. Fayette St

Flattau M. D.
Medical Attendant.

Address, 23 South

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8201 2 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 2d, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary A. Lapp

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Sixty One *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 332 East Lombard Street

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 5/85

Undertaker, Wm S Fry

Place of Business, 57 N Eutaw *Address,* No. 102 N. Broadway

Wm. H. Clendinen, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82013 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 3 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Steinmueller

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 36 *Years,* 7 *Months,* 16 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. 10 years in U.S.

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} N Carrollton Av 92

Cause of Death, First (Primary), Brights disease

Second (Immediate), Convulsions

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Mch 5/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 205 W Lombard St

L. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82014 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Eugenia Kenney

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 76 S Paca St

Cause of Death, First (Primary), Gastro-Enteritis

Second (Immediate),

Duration of Last Sickness, 12 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, London Park Cy

Date of Burial, March 5th 1885

Undertaker, John S Mackey

Place of Business, Paca & Camden

J H Kenney M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82015 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 2nd 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edward Hertole

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, *Years,* 14 *Months,* 13 *Days,* ✓

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, { Give street and Number. } 261 Lee St.

Cause of Death, { First, (Primary,) Congestion of Lungs
Second, (Immediate,) 24 Hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Landan Pk. County

Date of Burial, March 4th

Undertaker, F. N. Troll

Place of Business, #131 Hanover St.

J. Tyler Smith M. D., Medical Attendant.

Address, 167 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84016 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 3d March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Gadd

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 31 Henrietta St.

Cause of Death, First (Primary), Old age

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 5 1885

Undertaker, Armstrong & Downey

Place of Business, 2632 Frankl St

Thos. W. Owings *M. D.*
Medical Attendant.

Address, 364 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82917 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Joseph Johnell~~ Joseph Johnell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Austria

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} 14 Fell st

Cause of Death, First (Primary), Suffocated by

Second (Immediate), gas

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 5th 1885

Undertaker, Geo Rinehart

Place of Business, Forrest Place

Wm A. Jones M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hullen st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of This ...

Health Department, City of Baltimore.

Permit No. 82018 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Knut Thorleuson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months.* ..... *Days*

Color, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Norway

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give Street and Number.} 14 Fell st.

Cause of Death, First (Primary), Suffocated by

Second (Immediate), gas

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, March 5th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Wm A. Jones M. D.

~~Medical Superintendent~~ Coroner

Address, 326 Hadlin st. city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82019 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4, 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eugene Bernard Klob

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 3 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Dont Know

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} 14 Fell st

Cause of Death, First (Primary), Suffocated by

Second (Immediate), Gas —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Oak Ameley

Date of Burial, May 5th 1883

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Wm A. James M. D.
Coroner
~~Medical Attendant.~~

Address, 326 Hanover st. city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82020 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Bollman

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 28 Hours ~~Days~~,

Color, —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 220 Conway St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 5/85

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw

L. Blessmith M. D.,
Medical Attendant.

Address, 167 Barre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82021 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Scott

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, Fourteen years

Place of Death, {Give Street and Number.} 214 Canton Av.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, Mch 5 "85

John H. Rehberger M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 658 Broadway *Address,* 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82022 *Office of Registrar of Vital Statistics.* Ward 5 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. J. Krauk

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gardener

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, ~~Yrs.~~ Yrs. — 3

Place of Death, {Give Street and Number.} No. 196 N. B'way.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Instant death

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 6th 1885

Undertaker, Fred Gaede

Place of Business, 29 E. Carolin st *Address,* Coroner Cent. Dist.

Alex. Hill, M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8202.3 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth S. Roy

Sex, ~~Male, or~~ *Female,* {Cross out the word not required in this line.}

Age, 20 (20) *Years,* —— *Months,* —— *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give street and Number.} Church Home Infirmary N. Broadway

Cause of Death, First (Primary), Febris Typhoidea

Second (Immediate),

Duration of Last Sickness, Two (?) Mths

the above information should be furnished by the Physician.

Place of Burial, Suffolk Co Va

Shipment from Balto.

Date of Burial, Mar. 6. '85

Undertaker M. A. Daigan

Place of Business, 74 S. Bway

H. Gann M. D.
Medical Attendant.

Address, Church Home & Infirmary N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3605 Transit [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82024 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Watkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months.* 6 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 16 Wagon alley

Duration of Residence in the City of Baltimore, 6 hrs

Place of Death, {Give Street and Number.} 16 Wagon alley

Cause of Death, First (Primary), Umbilical Hemorrhage

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, March 5th 1885

Undertaker, Fred. A. Kerchner

Place of Business, March 5th 1885 *Address,* 47 N. Fayette

Sellers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84025 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 5 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Maria Campbell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 450 N. Calhoun St.

Cause of Death, First (Primary), Puerperal Septicaemia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, March 6th 1885

Undertaker, Walter Immel.

Place of Business, 316 W. Biddle St. *Address,*

L. Ricketts. *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFE

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82026 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, March 4th 1883 Saving

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Gosnell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* — *Months.* 4 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 57 Eutaw St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ct

Date of Burial, March 6 1883 W. Pelouze M. D.

Medical Attendant.

Undertaker, Henry Hock

Place of Business, 309 N Central Ave Address, 61 E Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8207 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 4th the 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Kirkwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 412 Lexington st

Cause of Death, First (Primary), Heart disease

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Cemetery Canton

Date of Burial, March 5th 1885

Undertaker, Denny & Mitchell

Place of Business, 536 W Fayette st

P. H. Benson M. D.
Medical Attendant.

Address, 187 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82028 *Office of Registrar of Vital Statistics.* **Ward** 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Frederick Lambert.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 6 *Months.* ~~Days.~~

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 72 Block st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Croup

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemty

Date of Burial, March 6th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

Thomas B. Evans M. D.
Medical Attendant

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82029 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Hammon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months,* 16 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} 14 Elva Lane

Cause of Death, First (Primary),

Second (Immediate). Adynamia

Duration of Last Sickness, Severe Months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem.

Date of Burial, March 5th 1885

Undertaker Leonhard Ritz

Place of Business, 131 S. Broadway.

A Hupfelthorpe M.D.
Medical Attendant.

Address, 82 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82030 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

BALTO. DEPT. OF HEALTH MAR 5 1885

CERTIFICATE OF DEATH.

Date of Death, Mar- 4th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Knoppe

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 77 *Years,* 0 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} ✓

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany — 31 Yrs in U.S.

Duration of Residence in the City of Baltimore, 31 yrs —

Place of Death, {Give street and Number.} 246 Hanover St. —

Cause of Death, First, (Primary,) Senile Debility. —

Second, (Immediate,)

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 6th 1885

Leo Kraus M. D.,
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharpe Street Address, 220 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Health Department, City of Baltimore.

Permit No. 82031 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Dauer Tobin

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 431 North Gay St

Cause of Death, First (Primary), ...

Second (Immediate), Pulmonary Tuberculosis

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6 1888 Dr. C. Benjamin M. D.

Undertaker, Henry Stroh Medical Attendant.

Place of Business, 389 W. Pratt Address, Brady & Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

5 11 a

Permit No. 82032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Maier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* 3 *Months,* 17 *Days.*

Color, White *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} 110 Hisgleth 81

Cause of Death, First (Primary,) Rheumatism

Second (Immediate,) Do

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetry

Date of Burial, March 6th 1885

Richd Sappington M. D.
Medical Attendant.

Undertaker, Ch. Bartlett

Place of Business, 3 N. Fredrick St

Address 132 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82033 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Wartman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 61 Orleans

Cause of Death, First (Primary),

Second (Immediate), Organic Disease of Heart

Duration of Last Sickness, About one year

the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemet

Date of Burial, March 6

Undertaker J B Crit

Place of Business, 1170 W Balto

D. P. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8203 — *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Elmer Sweet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 530 S. Charles St

Cause of Death, First (Primary), Rheumatism (Acute)

Second (Immediate), Pericarditis. Inflammation of Brain

Duration of Last Sickness, 13 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 8

Undertaker, F B Culp

Place of Business, 207 N Paca St

O A Cooke M. D.
Medical Attendant.

Address, 110 Fort ave -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82035 *Office of Registrar of Vital Statistics.* Ward 14-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Mercer jr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 10 Months, Days

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 750 W. Pratt.

Cause of Death, First (Primary), Capillari Bronchitis

Second (Immediate), Dispnea

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, March 6/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* Mulb'y Myrtle av

Louis (?) Horn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back o...

Board of Health, City of Baltimore,

Permit No. 82036 *Office of Registrar of Vital Statistics.* **Ward** 12 L

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Horace P Sewell

Sex, ~~Male or Female.~~ {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days,*

Color, Col

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} 26 Jenkins Alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6th 1885

Undertaker Peter Garvey

Place of Business, N. Calvert St *Address,* 616 W Balto. Street

B. S. Titcomb, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of...

Board of Health, City of Baltimore,

Permit No. 82037 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BALTIMORE CITY REGISTRY
MAR 5 1885

Date of Death, Mar. 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Lowery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 422 N. Dallas St.

Cause of Death, First (Primary), Pneumonia & Teething

Second (Immediate),

Duration of Last Sickness, 2 Weeks

the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, March 6th

Undertaker Urban & Grace

Place of Business, Caroline St 142

E. B. Fenby M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 82038 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Wolf

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* 1st *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give street and Number.} 602 William St

Cause of Death, First (Primary), Hypostatic Congestion of Lungs Immediate Cause

Second (Immediate). Exhaustion

Duration of Last Sickness, 4 Months

All the above Information should be furnished by the Physician.

Place of Burial, B. City Union Cemetery

Date of Burial, March 7

Undertaker B. Welsh

Place of Business, 82 West St

Herbert Coe M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82039

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 5 1885

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Felix R. McManus

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Seventy seven *Years,* Nine *Months,* 3 *Days.*

Color, White *Sex,*

~~*Married, Single,*~~ *Widower,* { Cross out the words not required in this line. }

Occupation, Physician

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give street and number. } 71, Franklin St.

Cause of Death, First (Primary,) Old age

Second (Immediate,) Paralysis (Hemiplegia)

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery *Morris Wiener* ..... *M. D.*

Medical Attendant.

Date of Burial, March 6 1885

Undertaker, James S Byrne

Place of Business, No 63 N Front *Address* 319, W. Fayette Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82040 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 5 1885

CERTIFICATE OF DEATH.

Date of Death, March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Potoshii.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~? {Cross out the words not required in this line.}

Occupation, Machinist.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Poland.

Duration of Residence in the City of Baltimore, 8 Mths.

Place of Death, {Give Street and Number.} 522 Penna Ave.

Cause of Death, First (Primary), Asthma, complicated by disease of the heart.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, West Fairmount

Date of Burial, March 4 1885

Undertaker, Fred C Keehner

Place of Business, 129 Arlington Ave Address.

M. Rickert M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No: 8204 / *Office of Registrar of Vital Statistics.* Ward 12 Cl

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bouchat.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 5 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 2 Bolton alley near Roberts

Cause of Death, First (Primary), Pneumonia Double

Second (Immediate),

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Westen (Empire)

Date of Burial, March 6th/85

Undertaker, Matthew Cadogan

Place of Business, 227 Hollins St.

R. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 7204 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPT. MAR 6 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter W. St. Rhodes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 373 Lafayette Avenue

Cause of Death, First (Primary),

Second (Immediate), Bronchitis

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 5

Undertaker, J. H. Blizzard

Place of Business, 201 [illegible]

A. J. Bell M. D.
Medical Attendant.

Address, 234 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 82043 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 24

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Lilia Gertrude Kane

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 3 *Months,* 16 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Maine

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death. {Give street and Number.} 27 Hill St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, About one Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Mar 27th 1885

Undertaker C. T. Krauss & Bro

Place of Business, 207 Hanover St. *Address,* Infirmary Hospital

E. B. Bud[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 82044 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 4

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Dorothea Muller

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 80 *Years,* *Months,* *Days,* 2

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation none

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, { Give street and Number. } 14½ Mulberry

Cause of Death, First (Primary), senile

Second (Immediate), debility

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 6

Undertaker Andrew Rohde

Place of Business, 145 Penna Ave

Thos H Smith M. D.
Medical Attendant.

Address, 287 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore,

Permit No. 82045 *Office of Registrar of Vital Statistics.* Ward 12 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

HEALTH DEPARTMENT MAR 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 4th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph M Donahoe

Sex, Male or Female, { Cross out the word not required in this line. } [illegible]

Age, 26 *Years,* ... *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } [illegible]

Occupation, Saloon Keeper

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, { Give street and Number. } 125 Pa avenue

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Exhaustion

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 6th 1885.

Undertaker, Martin Fahey

Place of Business, 120 & 128 Fremont St

C Winslow M. D.,
Medical Attendant.

Address, 23 N Gulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 84046 *Office of Registrar of Vital Statistics.* Ward 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin S Diggs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Florist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 195 N Wallis Street

Cause of Death, First (Primary), Asthma

Second (Immediate), Dilatation of Heart

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, March 6 1885

Undertaker, William Burge

Place of Business, 462 East st

E Hale Rutledge M. D.
~~Medical Attendant.~~
Asst

Address 18 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 84047 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy Bracken.

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* *Days*

Color, Black.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md.

Duration of Residence in the City of Baltimore, From Birth.

Place of Death, {Give Street and Number.} No 20 Caulton Ave

Cause of Death, First (Primary), Malaria.

Second (Immediate), Hepatic Abscess.

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 6 1885

Undertaker, William N Burger

Place of Business, 62 East St

Truman F Hill M. D.
Medical Attendant.

Address, 17 N. Caulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 82048 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Edward Lee

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Two F *Years.* *Months.* *Days,*

Color, White

Married. Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #33 Whatcoat St

Duration of Residence in the City of Baltimore, Two years

Place of Death, {Give street and Number.} #320 Presstman St.

Cause of Death, First (Primary). Deintition

Second (Immediate). Congestion Brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Mch 7th 1885 A.C. Pole M. D.

Medical Attendant.

Undertaker John E. Hough & Co

Place of Business, Penna Ave *Address,* #599 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 12049 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Thomas.

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 2 2 *Years,* 6 *Months,* — *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow*~~ ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charles Co. Md

Duration of Residence in the City of Baltimore, 6 mos

Place of Death, {Give street and Number.} # 4 Monroe Ave.

Cause of Death, First, (Primary,) Inflammation of Bowels.

Second, (Immediate,) Coma

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial. Mch 7th 1885

Undertaker, Chas. L. Scrivens

Place of Business, N. Eutaw St. *Address,* 244 Madison Ave

Edwd Coulson M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3607 Transit

Health Department, City of Baltimore.

Permit No. 84050

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 6 1885 BALTIMORE, MD.

Date of Death, March 3 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Deer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 Years, Months, Days

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 125 Ladenhall st

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7E 1885

Undertaker, George Schilling

Place of Business, E. Monument Address, 110 Fortav

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82057 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 6 1885

Date of Death, March 5th 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eleanor J. Gill

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 72 *Years,* *Months,* *Days,*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or*~~ ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md

Duration of Residence in the City of Baltimore, life

Place of Death, { Give street and Number. } 468 Madison Ave

Cause of Death, First (Primary). Senile Debility

Second (Immediate). Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 7th 1885

Undertaker STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

T. H. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82052 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED
MAR 6 1885
BALTIMORE

Date of Death, March 6 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } no name - child of Edward + Virginia Stransey

Sex, ~~Male or Female~~, { Cross out the word not required in this line. }

~~*Age,*~~ ..... *Years,* ..... *Months,* 1 hour. ~~*Days,*~~

Color, ...

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } .....

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 402 Saratoga St.

Cause of Death, First, (Primary,) Premature birth - (8 months) caused by illness of mother, acute nephritis.

Second, (Immediate,) .....

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Old Cathedral Cemetery

Date of Burial, March 7th 1885

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

J. W. C. Cuddy - *M. D.,*
Medical Attendant.

Address, 137 N. Carroll Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82053 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8. 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 6" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William and Eliza A Volkman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 67. Dames alley.

Cause of Death, First (Primary), ...

Second (Immediate), Spasms.

Duration of Last Sickness, All its Life

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem

Date of Burial, March 6" 1885

Undertaker, B. Hanle.

Place of Business, 52. West St.

James H Steuart M. D.
~~Medical Attendant.~~

Comm'r of Health & Registrar
Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Dunning Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 842054 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 6 1885

CERTIFICATE OF DEATH.

Date of Death, March 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Gorman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} M

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, 38 yrs

Place of Death, {Give Street and Number.} 150 Raburn St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpst Cemetery

Date of Burial, march 7 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Wayst

C. W. Neff M. D.
Medical Attendant.

Address, 306 N Bal St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, [illegible] condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ease on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82055 *Office of Registrar of Vital Statistics.* Ward 6 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Bernard Howard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Glossip Derbyshire England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 102 N. Eden St

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate), Asphyxia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 8th

Undertaker, Geo Schilling

Place of Business, Ashland Square

Francis A. Jones M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 62056 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 6 1885
BALTIMORE MD

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter C. Hill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~2 Yrs 5 Mths~~ since birth

Place of Death, {Give Street and Number.} 668 Saratoga St

Cause of Death, First (Primary), Meningitis (acute)

Second (Immediate),

Duration of Last Sickness, 20 or 3 Wks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 7th 1885

Undertaker, H. Louis Schaefer

Place of Business, 109 N. Fremont

H H Hill *M. D.*
Medical Attendant.

Address, 23 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82057 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ellen Childs

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months.* 18 *Days*

Color, White

~~*Married*~~, *Single*, *Widow or Widower*, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 61 Parkin St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar 7th

Undertaker, John J Conran

Place of Business, 69 Eutaw

H. H. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82058 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Bell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 5 *Days*

Color, —

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 343 E. Lombard St.

Cause of Death, First (Primary), Not Known, had Cramps from birth

Second (Immediate), " " " " "

Duration of Last Sickness, 5 days I Thy had no doctor, Mrs Rabach 145 S. Wolfe St. was Midwife I believe their Statement to be true

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas's Cem.

Date of Burial, March 6th 85

Undertaker, G. France

Place of Business, Bank & Wolfe Sts. *Address,* 375 E. Balto. St.

E. P. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...of this Certificate

Board of Health, City of Baltimore.

Permit No. 82059 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Howard.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 160 Wilmer Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 8 1885

Undertaker Hercules Ross

Place of Business, 95 Corn Market *Address,* 242 W Lombard

H. Guath *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 82060 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Johnson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City.

Duration of Residence in the City of Baltimore, 8 mts

Place of Death, {Give Street and Number.} 6 Hardens ct.

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, 8 mts.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7 1885

Undertaker, Chas Cutler Ross

Place of Business, 95 Con W Bayst

Rm. O. Ellis M. D.
Medical Attendant.

Address, 313 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

K SAFETY ▲ FILM

Board of Health, City of Baltimore.

Permit No. 82061 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
MAR 7 1885

CERTIFICATE OF DEATH.

Date of Death, ~~March 4. 1885~~ March 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Evans

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 8 *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 109 Delcamo Alley

Cause of Death, First (Primary),

Second (Immediate) Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 7 1885

Undertaker Herbert Rorr

Place of Business, 95 Lon Marsh

Howard Cox M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82062 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Marchs 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months,* *Days*

Color, Blk

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, a Stevedore

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give Street and Number.} 33 Peach Alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Apnoea

Duration of Last Sickness, 3 mts

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemtery

Date of Burial, March 8 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Wayst

Rap Ellis M. D.
Medical Attendant.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82063 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1885

CERTIFICATE OF DEATH.

Date of Death, March 5/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gorgan Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 2 *Months.* 21 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ~~La~~ Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Vincent Alley between Eden and Harlem Ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Child bed fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Shanfield Cemetery

Date of Burial, March 7 1885

Undertaker, C. C. of Hennelly

Place of Business, Merchandise Address, 193 Pratt

G. W. Nones M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82064 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7 1905
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H. Dorsey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* — *Months,* — *Days*

Color, colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} — — ✓ —

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 71 Chestnut Alley

Cause of Death, First (Primary), Consumption

Second (Immediate), Suddenly from hemorrhage

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Local Cemetery

Date of Burial, March 7 1884

Undertaker, Aly Hemsley

Place of Business, 116 Orchard St

Wm. A. Jarvis M. D.
Coroner
Medical Attendant.

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 84065 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Skillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 151 S. Collington Av.

Cause of Death, First (Primary), Entero-colitis

Second (Immediate), Convulsions

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem

Date of Burial, March 8th 85

John H. Kehlberger M. D.
Medical Attendant.

Undertaker, G. France

Place of Business, Paul St. & Mt. Vernon Pl. *Address,* 243 Aisquith

---

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER

Board of Health, City of Baltimore,

Permit No. 82066 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Fay

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 46 *Years,* — *Months,* — *Days.*

Color, wh

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give street and Number.} 139 Bank st

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate), Asthenia

Duration of Last Sickness, One year —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 8th 85

Undertaker G. Franc

Place of Business, Bank & Wolfe

S. B. Britton M. D.
Medical Attendant.

Address, 57 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 84067 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mc Laughlin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 55 Market st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, Mar 7th 1885

Undertaker, E.F. Krauss & Son

Place of Business, 209 Hanover st. *Address,* 57 Barre

H. W. McIntosh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82068 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl. Morchel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 7 months.

Place of Death, {Give Street and Number.} 61 President St.

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 7' 1885

Undertaker, Geo. Ruichart

Place of Business, Forest Place

A. J. Gravitz M. D.
Medical Attendant.

Address, 96 S. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82069 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Hoffman

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the words not required in this line. }

Occupation, Cigar Maker

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give Street and Number. } 32 Eastern Ave

Cause of Death, First (Primary), ...

Second (Immediate), Cerebral Apoplexy

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, March 8th 1886

Undertaker, Mr. Henley

Place of Business, ...

H D Bond M. D.
Medical Attendant.

Address, 65 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82070 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th March, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hamilton Cook.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male.

Age, 24 *Years,* 4 *Months,* 11 *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single.

Occupation, Cigar Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 276 Lafayette Avenue.

Cause of Death, First (Primary),

Second (Immediate), Consumption.

Duration of Last Sickness, Two Years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch. 8 / 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. *Address,* Fayette & Fremont Sts.

R. H. Littell, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82071 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Cuskey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 7 E. Calhoun St

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 9 Days (under treatment 4 days)

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, Mch 7, 1883

Undertaker, J. B. Cook

Place of Business, 707 W Balt *Address,* .....

A H Sutton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 2072 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} — Horney Child of Mrs Eugenia Horney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* 3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 92 N Bond St

Cause of Death, First (Primary), Lack of viability

Second (Immediate),

Duration of Last Sickness, Feble from birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 7/85

Undertaker, Wm S. Fry

Place of Business, 218 Broadway

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82073 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months.* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hatter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} Aged Mens Home

Cause of Death, First (Primary), Mort Probably, Oscure Kidney

Second (Immediate), Typhoid

Duration of Last Sickness, Several Wks.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, Mch 7th 1885

Undertaker, [illegible]

Place of Business, Park & Saratoga Sts

H. M. Wilson M. D.
Medical Attendant.

Address, 751 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82074 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Roll

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... Years, 18 hours Months, ... Days

Color, Colrite

Married, Single, Widow or Widower, {Cross out the words not required in this line.} . . . . . /

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti city

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 195 E. Eager St

Cause of Death, First (Primary), Eclampsia

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Friedman's

Date of Burial, March 7th 1882

Undertaker, Adam Finck

Place of Business, 17 E. Lexington St

E. D. Schuer M. D.
Medical Attendant.

Address, 8 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 9

Permit No. 82075

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 12½ a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 93 *Years,* —— *Months,* —— *Days.*

Color, Wh.

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} West River - Anne Arundel Co. Md

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give street and number.} 39 St. Paul St.

Cause of Death, {First (Primary,) Old Age. Second (Immediate,) Cardiac Failure

Duration of Last Sickness, 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md

Date of Burial, March 9th 1885

Undertaker, H W Eaton & Sons

Place of Business, Park Square St

Wm. F. Lockwood M. D.
Medical Attendant.

Address Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3609 Hanover

[over]

Board of Health, City of Baltimore.

Permit No. 82076 *Office of Registrar of Vital Statistics.* Ward 8 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Kube

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 142 Harford Ave.

Cause of Death, First (Primary), Pleuritis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 8th

Geo. Brooke Boyle M. D.
Medical Attendant.

Undertaker H. C. Widefeldt

Place of Business, 90 Gunmount Ave *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82077 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Sheridan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 12 or 13 yrs

Place of Death, {Give Street and Number.} 81 Scaduans alley

Cause of Death, First (Primary), —

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 8-1885

Undertaker, Daul Flynn

Place of Business, 109 West Pratt St

Lot Bell M. D.
Medical Attendant.

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82078 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 7 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. J. Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* 1 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Plumber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 58 Boyd st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about five or six months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar 8th

Undertaker, Cohen & Cowan

Place of Business, 89 Lubin

C. H. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82079 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William, Jr. Foy

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months.* *Days*

Color,

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 230 N Broadway

Cause of Death, First (Primary), Convulsions

Second (Immediate), Cerebro-Meningitis

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, March 8 1885

Undertaker, J W Jackson

Place of Business,

Wm L Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82080 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia J. Young

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md.

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give Street and Number.} 351 Barnard

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn Cemetery

Date of Burial, March 8th 1885

Undertaker, Saml M. Chase

Place of Business, 198 S. Howard St *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82081 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1885 BALTIMORE

CERTIFICATE OF DEATH. 74

Date of Death, March 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Pumphrey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, One Week

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Albuminuria

Second (Immediate), asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Co. Md

Date of Burial, March 7th 1885

Undertaker, Saml A. Ware

Place of Business, 198 S. Howard

J. Wirt M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore. 12

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

BOARD OF HEALTH MAR 7 1885 BALTIMORE

Date of Death, Mar. 6. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgeanna Brown.

Sex, ~~Male~~ or *Female,* { cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ { Cross out the word not required in this line. }

Occupation, Servant

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, 12 Years.

Place of Death, { Give street and number } #71 Jenkins Alley.

Cause of Death, First, (Primary,) Organic dis. of heart-mitral regurgitation

Second, (Immediate,) Anasarca - in consequence of rheumatism

Duration of last Sickness, Three mos.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9th 1885

James I Mans M. D.
Medical Attendant.

Undertaker, Saml P Case

Place of Business, 78 S. Howard St

Address, #63 Johns Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Health Department, City of Baltimore.

Permit No. 82083 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6/85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sosa Wonders

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, *Years,* 3 *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. city. 219 Cooksin st.

Duration of Residence in the City of Baltimore, —

Place of Death, { Give Street and Number. } 219 Cooksin st. Le Point.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, during life time

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 8

Undertaker, B. Healy

Place of Business, 82 West St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82084 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Andrew Jackson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore. 2 yrs.

Place of Death, {Give Street and Number.} #32 N. Paca St.

Cause of Death, First (Primary), Cachexia Congenitis

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Pat. Cemetery

Date of Burial, March 7/1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* #63 John St.

Thomas Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 82085 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1900 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 7 1900.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Milton Bert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 6 *Months,* 7 *Days.*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 574 W Baltimore St.

Cause of Death, First (Primary). Laryngismus Stridulus.

Second (Immediate). Convulsions

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, March 8th

Undertaker John Deufel

Place of Business, 399 Lexington St. *Address,* 258 Madison ave

Peterson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82086 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Josephine Taylor

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 30 Frederick Rd.

Cause of Death, First (Primary), ...

Second (Immediate), Atrophy of the Heart

Duration of Last Sickness, Sick for some time, but was called in only this morning and found her dying

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, July 8th 1885

Undertaker Keirle & Mitchell

Place of Business, 550 W. Fayette St. *Address,* 550 W. Fayette St.

D. G. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82087 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY BALTIMORE CITY
MAR 7 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samual Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 *Days,*

Color, Colored

Married, Single, ~~Widow~~ or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 10 Cairn st

Cause of Death, First, (Primary,) Tetanus

Second, (Immediate,)

Duration of Last Sickness, 4 days-days —

All the above information should be furnished by the Physician.

Place of Burial, Shark St.

Date of Burial, March 8/85 } Harvey Hill M. D.,

{ *Undertaker,* Chas. J. Scriven } Medical Attendant.

{ *Place of Business,* 271 N. Eutaw } *Address,* Calhoun cor Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Entries on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82088 *Office of Registrar of Vital Statistics.* **Ward** 11 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 7 1885

C

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Murdock

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 25 Canal Al

Cause of Death, First (Primary), Cystic Abscess

Second (Immediate), Exhaustion

Duration of Last Sickness, No definite data could be obtained {was called to see him two days before he died.}

All the above information should be furnished by the Physician.

Place of Burial Laurel

Date of Burial, March 9/85

Undertaker Chas. L. Scriven

Place of Business, 271 N. Eutaw

C. Marion Dodson M. D.
Medical Attendant.

Address 192 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82089 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mar 7 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilbur F Buckmann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 13- Coralton St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, March 9/85

Date of Burial, Sharpe St Cem

Undertaker, Eugene Kenchel

Place of Business, Biddle near Penna Ave

H I Hurst M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 12070 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 181 E Baltimore St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom A Cemetery

Date of Burial, March 9 J. H. Hellerer M. D.

Undertaker, W. Eulau Medical Attendant.

Place of Business, 101 South *Address,* 15 Exeter St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 82091

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82091 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harriette Blume

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give street and Number.} Charles & Wash Sts

Cause of Death, First (Primary),

Second (Immediate). Phthisis

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial Loyd St [illegible] Cemetery

Date of Burial, March 8 Howard Bowie M. D.

Medical Attendant.

Undertaker W. Edau

Place of Business, 101 Saratoga *Address,* 14 S Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82092 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Evelina Tunbull

Sex, Male or Female, {Cross out the word not required in this line.} "

Age, 77 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 146 N Charles

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial London Park Cem

Date of Burial, March 9th 1885

Undertaker, W H Jenkins & sons

Place of Business, Park & Saratoga sts

J H Sullivan M. D.
Medical Attendant.

Address, 23 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 12093 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 8 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, March 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Jacobs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——— None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Not Known.

Duration of Residence in the City of Baltimore, 40 or 60 years

Place of Death, {Give Street and Number.} 1. Rose Street

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, Two weeks,

All the above information should be furnished by the Physician.

Place of Burial, Shanpedlin Cemetery

Date of Burial, March 8 1885

Undertaker, A. Humphy

Place of Business, 116 Orchard St

A. J. Bee M. D.
Medical Attendant.

Address, 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82094 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE.

Date of Death, March 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas N. Kinnamon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Bookkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 350 Chase st.

Cause of Death. First (Primary), Phthisis pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 9. 1885

Undertaker Wm H Heckman

Place of Business, 2341 Gay St.

G. H. Hartman M. D.
Medical Attendant.

Address, 315 Martin st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82095 *Office of Registrar of Vital Statistics.* **Ward** 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Dobler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* 6 *Months,* 10 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 Jackson st

Cause of Death, First (Primary), Insanity

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 years

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 9th 1885

Undertaker, W. H. Hickman

Place of Business, N. Gay st

Edward J. Loyola M. D.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 12096 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAR 8 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Elizabeth Rupp

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 22 — *Years,* ~~Months.~~ 6 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 27 Park st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, — 12 Months —

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem

Date of Burial, March 9th 1885

Undertaker, H C Sander & Son

Place of Business, 252 Baltimore

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

AK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 12097 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 6 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catey Feldhausen

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, X *Years,* 17 *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 45 N. Bradford alley

Cause of Death, First (Primary), acute enteritis

Second (Immediate), convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 8th 1885

Undertaker, H. O. Sanders & Son

Place of Business, 252 Caroline St

W. F. Leonard M. D.
Medical Attendant.

Address, 304 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 12098 *Office of Registrar of Vital Statistics,* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 8 1883 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 8 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Brown (Brown)

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 6 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~3 St Paul St~~ Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 3 N. Wolfe St.

Cause of Death, First (Primary), Cerebral Effusion

Second (Immediate), Asphixia

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Mar 9 1883

Geo. F. Taylor M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, Funeral *Address,* 284 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1885

CERTIFICATE OF DEATH.

Date of Death, ~~[illegible]~~ Mch 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Parents names { John S. Ray / Jennie A. Ray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 hours. ~~Years,~~ ~~Months,~~ ~~Days.~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} 169 N. Fremont St.

Cause of Death, {First (Primary,)} Protracted labor.

{Second (Immediate,)} Asthenia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 9

Undertaker, J B Eccles

Place of Business, 707 W Baltimore St

H Adler M. D.
Medical Attendant.

Address 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 84100 *Office of Registrar of Vital Statistics.* **Ward** 9 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 9 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Mar: 7th 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm P. Johnston

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 62 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, { Give Street and Number. } 22 Mulberry St

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Heart Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, March 9. '85

Undertaker, M. A. Dawson

Place of Business, 74 E Balto

H. Dennis M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8210 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie. Bailey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 2 Months, 4 Days

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} # 116 Vincent Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 9 1885

Undertaker, William Deuge

Place of Business, # 62 Corbett

John. H. Walker M. D.
Medical Attendant.

Address, E. Pilmont & Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82102 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 9 1885
BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Mathews

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* *Months.* *Days*

Color, ~~W.~~

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 122 Hanover Street

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Convulsions

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 9 1885

Undertaker, William Deringer

Place of Business, 462 East St

John Scott M. D.
Medical Attendant.

Address, 204 N Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82103 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Rogers

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 70 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 77 Alpine St.

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 10th 1885

R. M. Hall M. D.
Medical Attendant.

Undertaker, Alf Kennedy

Place of Business, Marchand & Co *Address,* 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82104 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 5 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday March 7th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Child of Mary & John White

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 5 Constitution St.

Cause of Death, First (Primary), Death in this case resulted from

Second (Immediate), Inanition the result of Enlargement of Mesenteric Glands

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 9th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave *Address,* Corner St Paul & Fayette

Wilmer Brown M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82105 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1885

a

CERTIFICATE OF DEATH.

Date of Death, ~~Friday~~ Saturday March 7th. 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Whitty

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, 28 Years.

Place of Death, {Give Street and Number.} 5 Constitution St.

Cause of Death, First (Primary), Puerperal Metritis with Septicemia

Second (Immediate), Convulsions & Exhaustion from Sept. Poi.

Duration of Last Sickness, One Week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, March 9th

Undertaker, H. C. Windsfeld

Place of Business, 90 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82106 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Amrain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give Street and Number.} No. 85 N. Front

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 9th

Undertaker, James P. Bruyn

Place of Business, 63 Front St

Alex. Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82107 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 7 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 5 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Albrecht

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, ... *Years,* ..... *Months,* ..... 24 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 408 Saratoga St.

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 6th 95.

Undertaker, Matthew Cadovan

Place of Business, 227 Bentley St

J. Rickert M. D.
Medical Attendant.

Address, 520 Cross St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82108 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, March 7 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Lilly Brown

Sex, Male or Female, {Cross out the word not required in this line.} Lily brown

Age, ... *Years,* ... *Months.* 21 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 6 Vanity St

Duration of Residence in the City of Baltimore, 21 days

Place of Death, {Give Street and Number.} No 6 south Vanity St

Cause of Death, First (Primary), ~~convulsions~~ —

Second (Immediate), convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, [redacted]

Date of Burial, [redacted]

Undertaker, [redacted]

Place of Business, [redacted]

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82109 *Office of Registrar of Vital Statistics.* Ward 18?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caspar Schmidt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 52 *Years,* 10 *Months.* 17 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 409 N. Paca St.

Cause of Death, First (Primary), Pul. Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Westminster

Date of Burial, March 10th 1885

Undertaker, Helmick Schmidt

Place of Business, 263 Eager St. *Address,* 702 S. Stricker St

H. Bonnell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82110 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Helfmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 5 *Months.* 23 *Days*

Color, White

Married, ~~Single,~~ Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany- 31yrs in U.S.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 47 Burrough St.

Cause of Death, First (Primary),

Second (Immediate), Aortic Obstruction "

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9 --

Undertaker, Henry Brice

Place of Business, Henrietta St 81

Robert S. Rowe M. D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82111 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Skahn

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ twenty hours ~~Months,~~ ~~Days~~

Color, W.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} S. E. cor Patterson Park ave & Orleans

Cause of Death, First (Primary),

Second (Immediate), Premature birth.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemiartary

Date of Burial, March the 9th,

Undertaker, M. A. Daiger

Place of Business, 714 S. Broadway

W. W. White, M. D.
Medical Attendant.

Address, 717 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82112 — *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May E. Snavely

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 532 Crop St

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 9

Undertaker, E B Cook

Place of Business, 704 W Baltimore

H. W Walker M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 82113 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1885

CERTIFICATE OF DEATH.

Date of Death, March 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur J. Kerfe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* 11 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Baker Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} N. York

Duration of Residence in the City of Baltimore, 24 years

Place of Death, {Give street and Number.} 23 Potapsico Ave

Cause of Death, First (Primary),

Second (Immediate). Bright disease of Kidneys

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetry

Date of Burial, March 10th

Undertaker B. Hale

Place of Business, No. 82 West st *Address,* 146 Hanover St

C. F. Kerfe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82114 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8 "1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Liebert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Month

Place of Death, {Give Street and Number.} 38 Garrett av

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 10

Undertaker, B. Myers

Place of Business, 82 West H

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82115 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 8

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} ~~Frederick~~ Francis J. Hoag

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 8 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore. 2, 2, 8

Place of Death, {Give Street and Number.} 120 N. Haven St.

Cause of Death, First (Primary), Gastro-enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross C

Date of Burial, March 10

Undertaker, B. Marx

Place of Business, 92 West St. *Address,* 310 Light St.

R. H. D. Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82116

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Enoch Hacker's Baby

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 6 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} 47 Lewis alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 47 Lewis alley

Cause of Death { First, (Primary,) Convulsions
, { Second, (Immediate,)

Duration of last Sickness, Abt 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Lowell

Date of Burial, March 10th 1885

Undertaker, Wm. J. Gray

Place of Business, 66 Mulberry

Eugene F. Cordell M. D.
Medical Attendant.

Address, 125 St Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82117 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs L. Gross.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, About 30 years

Place of Death, {Give Street and Number.} 6 Patapsco Ave

Cause of Death, First (Primary), ...

Second (Immediate), Consumption,

Duration of Last Sickness, About 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, March 9th 86

Undertaker, Wm. J. Gray

Place of Business, 60 Mulberry st *Address,* Southern Dispensary

J. N. Mills M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82118

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE
MAR 9 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Ann McComb alias Nellie Clark

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Philadelphia Pa

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,)

Second (Immediate,) Pulmonary Consumption

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery D. P. Hoffman M. D.

Medical Attendant.

Date of Burial, March 9th 1885

Undertaker, Geo. Rinehart *Address* 279 West Fayette

Place of Business, Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 82119 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Rennen

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 95 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 16 years

Place of Death, {Give Street and Number.} No 271. S. Ann st

Cause of Death, First (Primary), Concussion of the Brain

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, the German Cemetery

Date of Burial, March 10th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Ann

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8212 0 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1885

74

CERTIFICATE OF DEATH.

Date of Death, Mch 6-85 12 m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Nolan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 43 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Rubel Cemetery

Date of Burial, March 9th 1885

Undertaker, Geo. Rinehart

Place of Business, ...

F. W Mead M. D.
Medical Attendant. USN

Address, U.S. Maine Hosp Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8212 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 9 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Clemmens

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 6 Months, 2 Days

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 19 Mc Leary Court

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cemy

Date of Burial, March 9/85

Undertaker, George Reinhart

Place of Business, Suffolk

Samuel A Clemmens M. D.

~~Medical Attendant.~~ Coroner of Baltimore

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 82142 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1885

CERTIFICATE OF DEATH.

Date of Death, March 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Sauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 2

Duration of Residence in the City of Baltimore, Three Years

Place of Death, {Give Street and Number.} N. E. Cor ~~Hanover~~ & Conway Sts

Cause of Death, First (Primary), Accident

Second (Immediate), Suffocation

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cemetery

Date of Burial, Mar. 8th

Undertaker, F. N. Todd

Place of Business, 131 Hanover St.

Geo. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 S. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Spleen

Health Department, City of Baltimore.

Permit No. 84123 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stewart.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, Brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 8 Stoll St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bloomfield Cemetery

Date of Burial, March 10 1885

Undertaker, S. W. Chase

Place of Business, 198 Howard St.

W. R. Murray M.D.
Medical Attendant.

Address, 119 W. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8424 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 9 1885

A

CERTIFICATE OF DEATH.

Date of Death, 8 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas. Ed. Gunnt Gant.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months.* — *Days*

Color, Col.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 272 S. Howard st.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), apnoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 9 1885

Undertaker, S. W. Chase

Place of Business, 198 S. Howard st

Dr. T. Leonard M. D.

Medical Attendant.

Address, 314 E. Balto. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82125 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in s last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 9 1885

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Wolters

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 11 *Years,* ~~11~~ *Months.* ~~7~~ *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Saale Prus

Duration of Residence in the City of Baltimore, ~~Since birth~~

Place of Death, {Give Street and Number.} 38 Penna ave

Cause of Death, First (Primary), Rheumatism (Rheumatism)

Second (Immediate), Heart Disease

Duration of Last Sickness, abt 3 1/2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th

Undertaker, Andrew Rohde

Place of Business, 48 Penna ave

Wm. Cu M. D.
Medical Attendant.

Address, 1501 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and [over.]
cause and date of death.

Health Department, City of Baltimore.

Permit No. 82126 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1885

CERTIFICATE OF DEATH.

Date of Death, March 8 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. J. Taylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 9 *Months,* 28 *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 487 W. Fayette St

Cause of Death,
First (Primary), Malaria
Second (Immediate), Gastritis

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 10/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Wm A. James M. D.

~~Medical Attendant~~ Medical attendant

Address, 320 Hallin st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82127 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 9 1883

CERTIFICATE OF DEATH.

Date of Death, March 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Bauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* 10 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Her Lenth

Place of Death, {Give Street and Number.} Cor Jefferson & Eden

Cause of Death, First (Primary), Bronchitis

Second (Immediate), General debility

Duration of Last Sickness, 4 or 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Athanasius Cy

Date of Burial, March 11th 1883

Undertaker, Henry Sloan

Place of Business, 309 N Eutaw St *Address,* 186 W Fayette St

W. T. Cain *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82128 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 8th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Almira Travers

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* 19 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 21 Heath St.

Cause of Death, First (Primary),

Second (Immediate), Dentition.

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 10th

Undertaker, Armstrong & Denny

Place of Business, 263 Light St

Robert S. Lowe M. D.
Medical Attendant.

Address, 333 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82129 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 9 1885

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Elizabeth~~ Elizabeth McNeal

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* — *Months.* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} Woman & Childs Hospital

Cause of Death, First (Primary), Childbirth

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 9

Undertaker, J. B. Cook

Place of Business, 707 W. Baltimore St *Address,* 307 Madison Ave

W. W. Browne *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82130 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Sutton

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* 8 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 54 East st

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, March 9th 1885

Undertaker, Wm A Dunger

Place of Business, 62 East st

E. G Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82131 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rodger J. Ford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 3 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 50 N. Amity Street

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthma

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 9th 1885

Undertaker, M. Cadogan

Place of Business, 227 Mulberry St.

James A Steuart M. D.

~~Medical Attendant.~~

Address, Courtland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 82134 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Vosel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* 6 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, During life time

Place of Death, {Give Street and Number.} 81 S. Duncan alley

Cause of Death, First (Primary), Hypertrophy & Valvular disease of the Heart

Second (Immediate),

Duration of Last Sickness, About 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cem.

Date of Burial, Mch 9th 85

Undertaker, G. France

Place of Business, Bank & Wolfe & *Address,* 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

HEALTH DEPARTMENT MAR 9 1885 BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84133 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8-85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Johanna Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give Street and Number.} Univ Hosp.

Cause of Death, First (Primary), Parturition —

Second (Immediate), Puerperal Fever

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 9-85

Undertaker, H Snudden & Son

Place of Business, 252 Canton Av.

J R Trimble M. D.
Medical Attendant.

Address, Univ Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8213 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in h last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 9 1885
BALTIMORE MD.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Jane Chaney

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~—~~ *Years,* ~~—~~ *Months,* 10 Minutes ~~Days~~

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, ~~—~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 37 Parrish Alley near Fremont

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthma

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 9th 1885

Undertaker, Wm H. Dunger

Place of Business, East St

James A Steuart M. D.

~~Medical Attendant~~

Address, Camp 16 & E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo. E. Brown (Sanitary Inspector)

Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 82135 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 9th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas F. Shrader

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 5 *Months,* 17 *Days,*

Color, white

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Bar Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 148 Gunga St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis, General,

Duration of Last Sickness, 6 mos.

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 11th 1885

Undertaker Walter Immel.

Place of Business, 315 W. Biddle St *Address,* 188 Franklin

D. H. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82136 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Katz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 7 *Months.* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 57 Patterson Park Ave

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, 14 Hours

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, March 9

Undertaker, W. Eilau

Place of Business, 101 Baltimore St

James E. Donville M. D.
Medical Attendant.

Address, 998 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Extra Directions [illegible]

Board of Health, City of Baltimore,

Permit No. 82137 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRAR'S OFFICE MAR 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Gaffney.

Sex, Male or Female, {Cross out the word not required, in this line.} Female

Age, 29 *Years,* 10 *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md.

Duration of Residence in the City of Baltimore, 3 Months.

Place of Death, {Give street and Number.} 493 W Lombard st.

Cause of Death, First (Primary), Phthisis,

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 years

All the above info mation should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 9/85

Undertaker Chas T Devine

Place of Business, 27 W. Eutaw

Josias D Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82138

Office of Registrar of Vital Statistics. Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 10 1885

CERTIFICATE OF DEATH.

Date of Death, March 7 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 11 Hays

Cause of Death, First (Primary), 6 Clayton Row

Second (Immediate), Consumption

Duration of Last Sickness, 4 Month

All the above information should be furnished by the Physician.

Place of Burial, Howard Co.

Date of Burial, March 10 1885

Undertaker, A. Rohde

Place of Business, 45 Pennsylvania Ave

Address, 324 Hollins St

Wm Athey M. D.
Coroner ~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82139 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miranda E. Connor

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 138 Dudley St.

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, Mar 10

Undertaker, [illegible]

Place of Business, [illegible]

J. H. Wilson M. D.
Medical Attendant.

Address, 251 Mad Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82140 *Office of Registrar of Vital Statistics.* Ward 8-9-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose Moore

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland ~~46 Holliday St~~

Duration of Residence in the City of Baltimore, 28 years.

Place of Death, {Give Street and Number.} 46 Hillman

Cause of Death, First (Primary), Chronic Alcoholism

Second (Immediate), Gastritis Hepatitis

Duration of Last Sickness, 1 year.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 10th

Undertaker, H. C. Windefeld

Place of Business, 9a Greenmount Ave

Edward R. McDevitt M. D.
Medical Attendant.

Address, 54 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82141 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie May Motley

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower; {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hagerstown Md

Duration of Residence in the City of Baltimore. 2 Years

Place of Death, {Give Street and Number.} 11 Gruman Ave

Cause of Death, First (Primary).

Second (Immediate), Consumption

Duration of Last Sickness, 7 Months

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Washington Co Md

Date of Burial, March 11th 1885

Undertaker, George Schilling

Place of Business, Ashland Square

Silas N. Hamlin M. D.
Medical Attendant.

Address. 36 Gruman Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3610 Transit

Health Department, City of Baltimore.

Permit No. 82142 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 10 1885
BALTIMORE MD.

Date of Death, March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Klein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, 8 Months. 21 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 18 City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 18 S. Chester

Cause of Death,
First (Primary), Tubercular Meningitis
Second (Immediate), Convulsions

Duration of Last Sickness, 2 mo.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 11th 1885

C. F. Bond M. D.
Medical Attendant.

Undertaker, Lemmy & Mitchell

Place of Business, 662 Broadway Address, 3 1/2 S. E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82143 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Washington Houck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months.* — *Days.*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 102 N Chester St.

Cause of Death.
First (Primary), Acute Anemia
Second (Immediate), Failure of heart action

Duration of Last Sickness, about 6 hours from apparent attack

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th 1885

Undertaker John Herwig

Place of Business 382 Orleans St *Address,*

Signature of Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82147 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accuraiely filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William C. Hoffiek

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Can Capper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 72 Mielimann Str

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 10 1886

Undertaker, Peter Fry 71 Easterauan

Place of Business, Geo. F. Taylor M. D. Medical Attendant.

Address, 234 N. Biray

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82145 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

REGISTRAR'S OFFICE MAR 10 1885 BALTIMORE

Date of Death, March 9th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Haubaugh.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 45 years.

Place of Death, {Give Street and Number.} 19 S. Arlington Ave

Cause of Death, First (Primary), ...

Second (Immediate), Old Age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 11 = 1885

Undertaker, J B Cook

Place of Business, ...

James Stamp M. D.

~~Medical Attendant~~ Comm of Health & Registrar

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Pudney Physician {over.}

Board of Health, City of Baltimore,

Permit No. 82146 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Harrington

~~*Sex,* Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 95 *Years,* *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give street and Number.} No 9 Hill st

Cause of Death, First (Primary), old age

Second (Immediate), debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olive

Date of Burial, March 11th

Undertaker B. Hale

Place of Business, No. 82 West st

A. H. Dodge *M. D.*
Medical Attendant.

Address, 110 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82147

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gus Barnes Nicholson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Banker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and number.} 86 W Madison

Cause of Death, First, (Primary.) ab. 1

Second, (Immediate.) Paralysis

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Mch 12th 1885

C Blamble M.D.,
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, S. E. Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 82148 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 9th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Hurley.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 89. *Years,* *Months.* *Days,*

Color, C.

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Retired Merchant

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, { Give street and Number. } 928. Lexington St.

Cause of Death, First (Primary), Congestion of the Lungs.

Second (Immediate), Exhaustion,

Duration of Last Sickness, Seven Days.

All the above info mation should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 11th 1885.

Jno. L. K. Isaac, M. D.
Medical Attendant.

Undertaker STEWART & MOWEN UNDERTAKERS

Place of Business, Address, 293. Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82149 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. H. Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months,* ——— *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 171 York St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg Cemetery

Date of Burial, March 10, 1885

Undertaker, Herbert Ross

Place of Business, 95 Lon Wayst

Wm Gambrill M. D.
Medical Attendant.

Address, 170 W Shar St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82150 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

MAR 10 1885

Date of Death, 3, 9, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Priscilla Lane

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days,* 1

Color ch.

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation We Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md — (Eastern Shore)

Duration of Residence in the City of Baltimore, 17 Yrs

Place of Death, {Give street and Number.} 339 S Hanover

Cause of Death, First (Primary), Consumption

Second (Immediate).

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, ~~Edmondson~~ Cemetery

Date of Burial March 11 1885

Undertaker Hercules Ross

Place of Business, 95 Con Wayst

Louis M. Eastman M. D.
Medical Attendant.

Address, 329 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 8215

Office of Registrar of Vital Statistics. Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 10 1885

CERTIFICATE OF DEATH.

Date of Death, March 7 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mattie J Nicholson

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 20 *Years,* *Months,* *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 19 N Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Louisville Cemetery

Date of Burial, March 11 1885

Undertaker Hercules Rose

Place of Business, 95 Con Wayst *Address,* 1116 Eutaw St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82152 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert W Lewis.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* [illegible] *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, As above

Place of Death, {Give street and Number.} 531 Hurford Avenue

Cause of Death, First, (~~Cause of~~) Malarria of Respiratory Organs

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, About 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 11th

Undertaker, George Schilling

Place of Business, Kirkland Square

B F Grove M. D.,
Medical Attendant.

DR. B. F. GROVE,
[illegible] E. BIDDLE STREET,
BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 8 1 2 1 5 3 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 9th March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William J. Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Prof. of Mathematics Western Maryland College

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, at various times

Place of Death, {Give street and Number.} 10 S. Calhoun

Cause of Death, First (Primary). Typhoid Fever

Second (Immediate). Pneumonia

Duration of Last Sickness, nearly four weeks

All the above information should be furnished by the Physician.

Place of Burial, York Pa

Date of Burial, Mar 11th 1885

John Hood M. D.
Medical Attendant.

Undertaker J. E. Boughstop

Place of Business, 298 Penna Ave *Address,* 594 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3611. Transcript

Board of Health, City of Baltimore.

Permit No. 82154 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva ~~Jackson~~ Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days,*

Color Col

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give street and Number.} 12 East St

Cause of Death, First (Primary), Cold

Second (Immediate), Pleurisy

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Fortress Monroe Va

Date of Burial, March 18th 1885

Undertaker W. M. Madden

Place of Business, 76 East St

A. Lee Atkinson M. D.
Medical Attendant.

Address, 88 East Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Fans 3612

Board of Health, City of Baltimore,

Permit No. 82155 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 to 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Monroe Carter

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 23 *Years,* — *Months.* — *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Oyster Shucker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} Baltimore University Hospital

Cause of Death. First (Primary), Natural Cause

Second (Immediate) Inflammatory Rheumatism

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Level Cemetery

Date of Burial March 10 1885

Undertaker Wilson & Berger

Place of Business, 62 East St

C. T. Weeks M. D.
Medical Attendant.

Address, 233 East Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Health Department, City of Baltimore.

Permit No. 82156 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Mann

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 Cairo st

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Levrel Cemetery

Date of Burial, March 11 1885

Undertaker, William Dorsey

Place of Business, 62 East st

James Bosley M. D.
Medical Attendant.

Address, 319 Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82157

Office of Registrar of Vital Statistics. Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 10 1885

Date of Death, March 9th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Bantii

Bantie

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty-nine *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Convict

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, In Penitentiary 13 yrs.

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 10th 1885

Undertaker, G. W. Rinehart

Place of Business, Forest Pl. *Address,* 152 Townsend st.

Silas Baldwin M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82158 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9-1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pricilla Sullivan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 15 Duncan Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, One day & night

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10-1885

Undertaker, W W Madden

Place of Business, 46 East St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 8 4 159 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William T. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 55 years

Place of Death, {Give Street and Number.} No. 766 E. Broadway

Cause of Death, First (Primary), archal softning of

Second (Immediate), Paralysis

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 12 1885

Undertaker, John W Jackson

Place of Business, 609 E Lombard *Address,* [illegible]

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82160

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1885

CERTIFICATE OF DEATH.

Date of Death, March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Liggins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 48 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dredger

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Irelaska

Duration of Residence in the City of Baltimore, 4 Months

Place of Death, {Give street and number.} Balto City Jail

Cause of Death, First (Primary,) Erysipelas

Second (Immediate,)

Duration of Last Sickness, 20 Days

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cem't D. P. Hoffman M. D.

Date of Burial, March 11/85 Medical Attendant.

Undertaker, Geo. Rinehart *Address* 279 West Fayette

Place of Business, Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Board of Health, City of Baltimore, (20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82161

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Lacy Kelly Hook

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 1 *Years,* 11 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Infant

Occupation, —

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give street and number.} 232 W Calhoun St.

Cause of Death, First (Primary,) Acute Bronchitis

Second (Immediate,) Contract Congestion

Duration of Last Sickness, Three (3) days.

All the above information should be furnished by the Physician.

Place of Burial, Howard Co. Md

Date of Burial, March 21 dy 1885

Undertaker, John. N. McCoy

Place of Business, 22 W. Fayette St

A. M. Barlow M.D.
Medical Attendant.

Address 246 N. Carey St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

3613 Transit

Health Department, City of Baltimore.

Permit No. 82162 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Stanley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 Months

Place of Death, {Give Street and Number.} 6 Weeks Md University Dr. Lombard St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), asthenia

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 11 1885

Undertaker, Wm S Tiellner

Place of Business, 65 S. Eutaw St

H West M. D.

Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 82163 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do. under penalty of law

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 11 1885

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wendell L. Michael

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 25 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Carrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 226 E. Madison St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 12th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

H. F. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82164 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 188

CERTIFICATE OF DEATH.

Date of Death, 10th March 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Augusta Müller

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 37 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frankfurth a/m. (Germany)

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give street and Number. } 344 W. Pratt st

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) exhaustion

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 12th 85

Undertaker, Geo. Lemmert

Place of Business, 834 W. Pratt st

D. W. Hellmann M. D.,
Medical Attendant.

Address, 120 Pearl st Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82165 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicklas Hoak

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B city

Duration of Residence in the City of Baltimore, 3 11

Place of Death, {Give Street and Number.} 130 Johnson st

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Spasms

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 11

Undertaker, B. Hall

Place of Business, 82 West St

R. H. Ellis M. D.

Medical Attendant.

Address, 213 E Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 82166

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Anne Windsor.

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} New York State.

Duration of Residence in the City of Baltimore, Two Months.

Place of Death, {Give street and number} 60 Franklin St.

Cause of Death, First, (Primary,) Angina Pectoris.

Second, (Immediate,) Very Sudden.

Duration of last Sickness, Several Months.

All the above information should be furnished by the Physician.

Place of Burial, Cleveland Ohio

Date of Burial, March 12th 1885

Undertaker, H. H. Jackson Sons

Place of Business, 187 Madison

Harry Smith M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

3614 Fremont [OVER.]

Board of Health, City of Baltimore.

Permit No. 82167 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Finck

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 25 *Years,* 3 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Wood Carver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 157 Stirling St.

Cause of Death, First (Primary), Tetanus

Second (Immediate).

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 12th 1885

Jno. Brooke Boyle M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 1161 W. Gay St. *Address,* .....

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82168

Office of Registrar of Vital Statistics.

Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Lobe

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} # 61 Centre Market Space

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cemetery

Date of Burial, March 13 '85

Undertaker, Peter Fox

Place of Business, 191 Eastern Ave

James Cleary M. D.

~~Medical Attendant~~ County H & R

Address,

MAR 11 1885

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 82169 *Office of Registrar of Vital Statistics.* Ward 21½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK MAR 11 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 10th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Christian

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 185 S. Ann St.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Convulsions

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Roman Catholic Cemetery

Date of Burial, March 11. 1885

Undertaker, H. Cracklin & Co

Place of Business, 215 S. Ann St.

John H. Ribberger M. D.
Medical Attendant.

Address, 243 N. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82170 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Minch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 30 Burke St

Cause of Death, First (Primary), Malignant disease of Heart

Second (Immediate), Apoplexy

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, March 11th 85

Undertaker, G. France

Place of Business, Frank & Wolfe

E. Hall Cutlidge M. D.

~~Medical Attendant.~~ Coron

Address, 118 Fifth Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

1st

Permit No. 82171 *Office of Registrar of Vital Statistics.* **Ward** .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Monday night March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mariah Ann Gill

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 88 87 *Years,* ..... *Months.* ..... *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City of Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give street and Number.} 30 O Donnell St

Cause of Death, First (Primary), Malaria fever

Second (Immediate), do do congestion of the lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Mch 12th 85

Undertaker G. Franck

Place of Business, Bantz & Wolfe *Address,* 280 O Donnell St

J. E. Prichard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 2172 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 11 1885

Date of Death, March 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter May Eggleston

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 3 *Months,* ~~3~~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, all time

Place of Death, {Give Street and Number.} 9 Payson St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonaris.

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet

Date of Burial, March 12

Undertaker, Joseph Beck

Place of Business, 707 E Baltimore

Louis Chas Horn M. D.
Medical Attendant.
Res Chg.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 82173. *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 11 1885

Date of Death, March 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert M. Cooley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 110 L Green St

Cause of Death, First (Primary),

Second (Immediate) Hydrocephalus

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 12

Undertaker F B Cook

Place of Business, 707 W Baltimore

H Thomas Corbett M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8217/74 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Welch

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, [illegible] *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} [illegible] Pa

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 43 Partin

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Cattarrh

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 12

Undertaker, F B Cook

Place of Business, 707 W Baltimore

J. H. Clark *M. D.*
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82175 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

REGISTERED MAR 1 1885

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Augermann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 4 *Months.* 5 *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} No 318 a Frath St

Cause of Death, First (Primary), Cirrhosis of Liver

Second (Immediate), the same

Duration of Last Sickness, 1/2 year. (in bed 1 week)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, March 15th 1885

Undertaker, Walter Dunnel.

Place of Business, 315 W. Biddle St *Address,* 109 N Charles St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82176 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Kirchner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* 10. *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brewer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 52 Yrs

Duration of Residence in the City of Baltimore, 52 Yrs, one year

Place of Death, {Give Street and Number.} 159 Preston St

Cause of Death, First (Primary), Metast Stenosis & Regurgitation

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 12th 1883

Undertaker, Walter Dimmel

Place of Business, 315 W. Biddle St

J. M. Wilson M. D.

Attending Physician.

Address 1210 Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82177 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 11 1885

CERTIFICATE OF DEATH.

Date of Death, March 10th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Knoebel

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* 2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} #270 S. Caroline St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 12 th

Undertaker, W. Seiffert

Place of Business, 131 E Bond St

John H. Kelberger M. D.
Medical Attendant.

Address, 1433 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over}

Health Department, City of Baltimore.

Permit No. 82178 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9 88

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Co *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 84 Little McElderry St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Edema Lung.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, March 11th 1888

Undertaker, Wm H Burgess

Place of Business, 62 East Pratt St

J H Robbins M. D.
Medical Attendant.

Address, 2512 Brunt Ave,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82179 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherina C. Behnlein

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months* 6 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 314 Eastern Ave

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate), Prostration

Duration of Last Sickness, 18 Months

Att the above information should be furnished by the Physician.

Place of Burial, Holly Zedemere

Date of Burial, March 11th

Undertaker, H Blackamp & L

Place of Business, 203 E Lombard St

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82180 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Thomas Snowden

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 85 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } West River, Anne Arundel County Md

Duration of Residence in the City of Baltimore, Twenty three years

Place of Death, { Give street and Number. } 243 N. McCulloh St.

Cause of Death First (Primary). Apoplexy, & Compression Brain

Second (Immediate). Paralysis

Duration of Last Sickness. 28 days

All the above information should be furnished by the Physician.

Place of Burial. Loudon Park

Date of Burial, March 12/85

A. Tinsley *M. D.*
Medical Attendant.

Undertaker STEWART & POWEN,
Place of Business, UNDERTAKERS, 35 Park Ave.

Address, 386 Dillon Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER]

Health Department, City of Baltimore.

Permit No. 82184 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE BALTIMORE MAR 12 1885

CERTIFICATE OF DEATH.

Date of Death, Mch 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia J Phillip Airey Parents

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~nine~~ *Years,* ~~nine~~ *Months,* 2 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 200 Mulberry St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 Life

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mch 12th 1885

Undertaker, L Hess

Place of Business,

Jas A Steuart M. D.

~~Medical Attendant.~~

Address, Camp 6 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W L Roberts Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 82184 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 12 1885 REGISTRAR

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria Buschcofske

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* 4 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 91 Lancaster St.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 12, 1885

Undertaker, J. Crouch & Co

Place of Business, 115 S. Eden St. *Address,* 243 Aliceanna St.

John H Rehburger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82183 *Office of Registrar of Vital Statistics.* Ward 15 B

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 11 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Knott

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 *Years,* 8 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } 1 Creek Alley

Cause of Death, First (Primary).

Second (Immediate). Phthisis

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 13 th

Undertaker Henry Boiles

Place of Business, Harrietta St. 81

Edward Cook M. D.
Medical Attendant.

Address, 111 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore

Permit No. 82184 *Office of Registrar of Vital Statistics.* Ward 9 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John McKay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give street and Number.} 72 St. Paul St.

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 13/85

Undertaker, Chas. T. Scriven

Place of Business, 21 N. Eutaw

Wm D Booker M. D.,
Medical Attendant.

Address, 157 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 12185 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anne Dominick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland County Somerset

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Inst.n of the Little Sisters of the Poor

Cause of Death, First (Primary), Age & infirmity

Second (Immediate),

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cimetery

Date of Burial, March 13

Undertaker, Mr. Bloodcamp.

Place of Business,

Jno. Anna Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82186 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Israel Posninsky

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 Yrs

Place of Death, {Give Street and Number.} 95 Harrison St

Cause of Death, First (Primary), Cancer of

Second (Immediate), Liver

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholam St Cemetery

Date of Burial, March 12

Undertaker, W. Eilau

Place of Business, 101 Baugh St *Address,* 36 S. Eutaw St

I. E. Cloyett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8218 7 *Office of Registrar of Vital Statistics.* Ward 5 7/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Koenig Baer

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Four *Years,* Two *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Milliman St 39

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, About Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, Feb 12 1885

Undertaker, John Herwig

Place of Business, 382 Orleans St *Address,* 215 N Broadway

J. B. Schuster M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82188 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James E Calli

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months,* — *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 5 Irving place

Cause of Death, First (Primary),

Second (Immediate), Anaemia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 13th 1883

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

Jos C Bennigen M. D.
Medical Attendant.

Address, Broadway & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84189 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hesley Howard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 19 N. Gilmore

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Solomon's Lutheran Church

Date of Burial, March 14th 1885

Undertaker Denny & Mitchell

Place of Business, 68 & 70 Broadway Address,

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3617 Harvest

Board of Health, City of Baltimore,

Permit No. 82190

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml M Downing

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 5 *Months,* 11 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and number.} 227 N Fremont St.

Cause of death, First, (Primary,) Chronic Bright's disease

Second, (Immediate,) Pulmonary Oedema

Duration of Last Sickness, 12 mo.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 13th 1885

Undertaker, Kemp & Mitchell

Place of Business, 530 W Fayette St *Address,* 22 Edmondson Ave

J M Keedy M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82191 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie E. Lee

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick City, Md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 75 Frederick ave.

Cause of Death, First (Primary), Chronic dispepsia

Second (Immediate), Heart weakness

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 13th 1885

D. E. Lenhaum M. D.
Medical Attendant.

Undertaker, D Ecury & Mitchell

Place of Business, 550 W Fayette Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82492 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 8 Feldner St

Cause of Death, First (Primary), Intemperance & Exposure

Second (Immediate), " "

Duration of Last Sickness, " -

All the above information should be furnished by the Physician.

Place of Burial, West Public County

Date of Burial, March 10 1885

Undertaker, Frank A Kirchner

Place of Business, 129 N Arlington Ave

Sol. Bell M. D.

~~Medical Attendant.~~ Coroner 5th Dist

Address, 141 E Stump St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

Health Department, City of Baltimore.

Permit No. 82193 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hans. Olsen

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Supposed Sweden

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Off Fort Mc Henry

Cause of Death, First (Primary), Accidental drowning

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, March 12/1885

Undertaker, Fred C Kirchner

Place of Business, 129 Arlington Ave

Chas. L. Ozell M. D.

~~Medical Attendant.~~

Address, 101 S Stanford

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 82194 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 12 1885

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Corlett King

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months.* *Days*

Color, white

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} at 385 W Lombard St

Cause of Death, First (Primary), Miliar. Meningitis basilaris

Second (Immediate), the same

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Friday 13

Undertaker, J B Cook

Place of Business, 707 Baltimore St

Henry Salzer M. D.
Medical Attendant.

Address, 169 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82195 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 10, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Vogel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 611 Eastern Ave

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Pneumonia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 12 1885

Undertaker, G Krause

Place of Business, Bank & Wolff, *Address,* 211 Bank

D. Kelly *M. D.*, Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82196 *Office of Registrar of Vital Statistics.* Ward 6th 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. G. Schoenhals

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ___ *Years,* 2 *Months.* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Fort Hillsman & Caroline Sts

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), Eclampsia

Duration of Last Sickness, Six (6) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 14th

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline Street (Address.) cor Bay & Caroline

L. W. Adler M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82197 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH MAR 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Butler

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, Twenty one *Years,* —— *Months,* —— *Days,*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Cousin

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Eleven mos.

Place of Death, {Give street and Number.} Maryland Avenue.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) "

Duration of Last Sickness, Thirty days

All the above Information should be furnished by the Physician.

Place of Burial, Eastern Pub. Cem.

Date of Burial, March 12/85

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Silas Bozman M. D., Medical Attendant.

Address, 152 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 82198 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 12 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March. 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roman Wilson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months.* *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Months

Place of Death, {Give Street and Number.} 20 Bartlett St.

Cause of Death, First (Primary), Typhoid fever with Cervical Abscess,

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 1/2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Alphonsus Cems

Date of Burial, March 13th. 1885

H. W Webner M. D.

Medical Attendant.

Undertaker, Ph. J. Dill & son

Place of Business, 183 Columbia *Address,* 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82199 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Strong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 5 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 2.3.

Place of Death, {Give Street and Number.} 141 S. Fremont Ave

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 15th 1885

Undertaker, Armstrong Bros

Place of Business, Lidt-t Montgomery *Address,* 108 Green

Geo A Glass M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82200 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 12 1885

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Saffer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 53 S. Chapel

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Co.

Date of Burial, March 13th

Undertaker, N. Ritzel

Place of Business, 1 Bond st. *Address,* 344 E. Baltimore St.

J. H. Ellenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 82201 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE MD

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Horigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Grocer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 32 Stockton st

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, Several years

I have not seen this case for 2 months Thursday

All the above information should be furnished by the Physician.

Place of Burial, Barnia. Breathen

Date of Burial, Mar 13. 1885

Undertaker, Martin Fahey

Place of Business, 128 Townsend

C Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

...on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84202 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George D. Marrow

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 154 Hanover St.

Cause of Death, First (Primary), Chronic Albuminuria

Second (Immediate), Asthenia

Duration of Last Sickness, Known, 21 days. Supposed, about 8 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 14th 1885

Undertaker, John S. Thacker

Place of Business, Paca & Lombard Address, 152 Sharp St.

R. J. D. A. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82203 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H Groves

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 6 *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gentleman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} 248 Calhoun St

Cause of Death, First (Primary), General debility

Second (Immediate), Consumption

Duration of Last Sickness, about 3 months

All the above Information should be furnished by the Physician.

Place of Burial, Mt. Auburn

Date of Burial, March 13th

Undertaker, J. J. Nippert 150 Camden

Place of Business ~~Cor Calhoun & Fayette~~ *Address,* 148 Hollins

W. D. Cain M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82,204 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF ~~DEATH~~.

Date of Death, March 12th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander H. Chisolm.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Charleston S C

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and Number.} 64 Franklin St

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Charleston S C

Date of Burial, Mch 14th 95

Undertaker Houston & Sons

Place of Business, Park & Saratoga Sts *Address,* .....

F. J. Miles M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3618 Fraser

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 82205 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Valentine

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} M

Age, 57 2 *Years,* *Months.* *Days*

Color, Negro

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick ?

Duration of Residence in the City of Baltimore

Place of Death, {Give Street and Number.} 69 Jasper St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 3 months (about)

All the above information should be furnished by the Physician.

Place of Burial, W. Pub. Cemetery

Date of Burial, March 13th 1885

Undertaker, Fred. A. Kerchner

Place of Business, Arlington Ave

W. M. Wilson M. D.
Medical Attendant.

Address, Penn Ice Dep

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82206 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Louisa Guckert

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 41 164 E. Aisquith

Cause of Death, First (Primary), Meningitis (Basilar)

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus C.

Date of Burial, March 14th

Undertaker, Eyerbach Funk

Place of Business, 35 Bank St.

John H. Robertson M. D.
Medical Attendant.

Address, 243 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blanks on Back.

Board of Health, City of Baltimore.

Permit No. 82207 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caspar Gronau

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* 1 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widower

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 53 St Peter

Cause of Death, First (Primary), Senile decay

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 13th 1885

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 84208 *Office of Registrar of Vital Statistics.* Ward 3 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Male~~ Nellie Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* 6 *Months,* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 6 E N. Caroline

Cause of Death, First (Primary), Pleuro-Pneumonia

Second (Immediate), Spasm

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, March 14. 1885

Undertaker, H. Sanderson

Place of Business, 252 Canton Ave *Address,* 7 E. Biddle

G. L. Winters M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82209

Office of Registrar of Vital Statistics. Ward 10 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 13 1885

Date of Death, March 12th 1885

Full Name of Deceased, (Write legibly and spell correctly. If an Infant not named, give names of parents.) John W. Rowland

Sex, Male ~~or Female,~~ (Cross out the word not required in this line.)

Age, 44. *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or~~ *Widower,* (Cross out the word not required in this line.)

Occupation, Gentleman

Birthplace, (State or country, and how long in the United States, if of foreign birth.) Washington. D. C

Duration of Residence in the City of Baltimore, Abont 4 years

Place of Death, (Give street and Number.) 131 W. Fayette Street,

Cause of Death, First, (Primary.) Phthisis pulmonalis

Second, (Immediate.) do do

Duration of Last Sickness, Confined to bed about 4 Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, Mch 12/85

Undertaker, STEWART & MOWEN UNDERTAKERS

Place of Business, 35 Park Ave

Pat Carey Hynes M. D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

Health Department, City of Baltimore.

Permit No. 82210 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Durham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 2 *Years,* *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 327 N. Eutaw St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), (" ")

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green. Cathedral

Date of Burial, Mar. 14th 1884

Undertaker, Wm. Frazier

Place of Business, 202 N. Eutaw

W. H. Knight M. D.
Medical Attendant.

Address, 335 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82211 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 0 *Months.* 0 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give Street and Number.} 769 Saratoga

Cause of Death, First (Primary), Chronic disease of Liver enlargement of Right Kidney disease of Heart and

Second (Immediate), Paralyses of Right side & Haemorrhage

Duration of Last Sickness, Nearly 2 years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 15th 1885

Undertaker, Wm Weaver

Place of Business, 202 N. Eutaw St

F. Ridgway Andre' M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84212 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 5th A.M. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ashton Lee Bradyhouse

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ××

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 64 Lawn

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Samuel Cem

Date of Burial, March 14th 1885

Undertaker, W. A. Ady Ex

Place of Business, 745 Bdwy

James E Donnelly M. D.
Medical Attendant.

Address, 992 E Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Over

Health Department, City of Baltimore.

Permit No. 82,213 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bohman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Linden, England.

Duration of Residence in the City of Baltimore, 72 years

Place of Death, {Give Street and Number.} W 236 S. Bond St.

Cause of Death, First (Primary), Age

Second (Immediate), Paralysis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 13 1885

Undertaker, Matthew Anderson

Place of Business, 227 Mulberry St

John H Rahlmann M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

[Over.]

Health Department, City of Baltimore.

Permit No. 8221 f

Office of Registrar of Vital Statistics.

Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 11th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* ~~ *Months.* ~~ *Days*

Color, Cold

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} No 5 King St-

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 13/80

Undertaker, H Ross

Place of Business, Conway St

James A Lines M. D.

~~Medical Attendant.~~

Address, Camp nr B & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. C. Roberts Sanitary Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 82215 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, March 12" 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ~~~ *Months,* ~~~ *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 75 Leadenhall St

Cause of Death, First (Primary), Cold.

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 13 = 1885

Undertaker, H. Ross

Place of Business, Conway St

James A Harris M. D.
Medical Attendant.

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

John E. Harding Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 8226 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathilda Koehler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, [illegible] *Years,* 11 *Months.* 9 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 20 N High Street

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 14 March 1885

Undertaker, Wendlin Dippel

Place of Business, 1 Bond St

A. F. Reinhard M. D.
Medical Attendant.

Address, 203 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8221 7 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 11 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Moore

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Salto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 237 Eutaw St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ship St. Cemetery

Date of Burial, March 13

Undertaker, J Ross

Place of Business, Monument St

E. S. Boze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82218 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Meta Mittendorff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* 2 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 30 Holland St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 14th 1885

Undertaker, Chas. S. Evans & Co.

Place of Business, [illegible]

Charles H. Morfit M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82219 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 13 1885

Date of Death, March 12 - 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William R. Miller

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 66 *Years,* —— *Months,* —— *Days,*

Color, White

~~Married~~ Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } Church Home, Eutaw & Broadway

Cause of Death { First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, ——

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 14 / 85

Undertaker John Lake

Place of Business, 201 E. Baltimore St *Address,* Church Home, Eutaw & Broadway

C. H. Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82220 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip A. Slaylor

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 122 West. St

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 15th

Undertaker, B. Ward

Place of Business, 84 West St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8222 / *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Crawford

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 469 Eutaw Place

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 15th 1885

A J Bell M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

Address, 234 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82222 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Graubender

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 89 Lee st

Cause of Death, First (Primary), Heart disease (interstitial)

Second (Immediate),

Duration of Last Sickness, more than a year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 15 1885

Undertaker Philipp J. Dill

Place of Business, 183 Columbia Ave *Address,* 93 Lee st

P. Altmeier *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82223 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 1 Potomac St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 17th 85

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna *Address,*

H. Hartwig, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82224 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 12-85- 5.00 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Day

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 35 *Years*, ... *Months*, ... *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 14th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

F. W. Mead M. D.

Medical Attendant. U.S.N.

Address, U.S. Marine Hospital Service

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, (2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 14 1885

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Schultz

Sex, Male or Female, {cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Wash Girl (Washer)

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and number} 133 Eastern Av

Cause of Death, First, (Primary.) Alcoholic Intemperance

Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, March 14th 1885

C. H. Schultz M. D.
Medical Attendant.

Undertaker, Peter Frey

Place of Business, 91 Eden Av

Address, 133 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84226 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie May Hetrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ——— *Years,* ——— *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Liberty

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 200 S. Fremont Ave

Cause of Death, First (Primary),

Second (Immediate), Atelectasis Pulmonum

Duration of Last Sickness, 4 Days

All the above information shall be furnished by the Physician.

Place of Burial, Mount Olive Cem.

Date of Burial, March 14/85

Undertaker, Wm J. Tichner

Place of Business, 65 S. Eutaw

Geo. D. Blake M. D.
Medical Attendant.

Address, 158 Lanvale St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

8227

Thursday

Board of Health, City of Baltimore,

Permit No. 82428 *Office of Registrar of Vital Statistics.* Ward 14 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1885

Date of Death, March 13 1883.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name - child of Mary Cash.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State on country, and how long in the United States, if of foreign birth.} B. Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 42 Carleton St.

Cause of Death, First, (Primary,) .....

Second, (Immediate,) Inanition

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 14 1883

Undertaker, Wm Hunsdon

Place of Business, 116 Baltimore

J. W. C. Cudd, M. D.,
Medical Attendant.

Address, 137 W. Camden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82229 *Office of Registrar of Vital Statistics.* **Ward** 10 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 11 '95

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Knight

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 3 days *Years,* *Months,* *Days,* 3

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 4-½ Canal's Alley

Cause of Death, First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Time of Age

All the above information should be furnished by the Physician.

Place of Burial, Canal Cemetery

Date of Burial, March 14 1895

Undertaker A. G. Hemsley

Place of Business Aisquith St

Russell Murdoch M. D.
Medical Attendant.

Care Sanitarium
Address, 142 Light Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82230 *Office of Registrar of Vital Statistics.* **Ward** 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1 1885

CERTIFICATE OF DEATH.

Date of Death, March 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 69 *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty Eight years (Scott)

Place of Death, {Give Street and Number.} No 136 Broadway

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pleasant

Date of Burial, March 15 1885

Undertaker, Wm H Hickman

Place of Business, 2314 E Gay St

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82231 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1901

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Wm Wilson Tucker

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* 2 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Md Balto

Duration of Residence in the City of Baltimore, 2 years

Place of Death, { Give street and Number. } 317 Greene Ave

Cause of Death, First, (Primary,) Bronchitis.

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial. March 15

Undertaker, J Rock

Place of Business, 707 W Baltimore

William Cochran M. D., Medical Attendant.

Address, 317 Greene Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

14th

Permit No. 82232

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Aldridge

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 Years, 7 — Months, 7 — Days.

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, — — — —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore — Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No 605 West Lombard St.

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate,) Wasting & exhaustion.

Duration of Last Sickness, About two years.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 15

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore St

J. Ridgely Hammond M. D.
Medical Attendant.

Address 296 Hollins St.

MAR 14 1885

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82233 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Louisa Ahrens

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 56 *Years,* 3 *Months,* 2 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover Germany

Duration of Residence in the City of Baltimore, 24 Yrs.

Place of Death, {Give Street and Number.} 178 East 4

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, Asthenia

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th

Undertaker, George Schilling

Place of Business, Holland & Lyman

W. Shultz M. D.
Medical Attendant.

Address, 148 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8223 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 182 N Bond St

Cause of Death, First (Primary), Decline of

Second (Immediate), Physical Powers

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 15th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St

John B. Hammond M. D.
Medical Attendant.

Address, S. W. Cor Fayette & Read

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82235 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wells

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} No 40 N Chapel st near Eager st

Cause of Death, First (Primary),

Second (Immediate), Spasms,

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Long Green Balto Co.

Date of Burial, March 14th 1885

Undertaker, T. Locks

Place of Business, 73 Jefferson st

Johns A Lewis M. D.
~~Medical Attendant.~~

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M^cKewen Sanitary Inspector

[over.]

Health Department, City of Baltimore.

Permit No. 82236 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William N. Powell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 50 *Years.* 6 *Months.* 29 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 111 E. Fayette St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Sunday, Mar 15/85

Undertaker, Hughes Spencer & Co

Place of Business, 60 E. Balto. St. *Address,* 227 Carrollton Ave.

Jno. L. Powell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82237 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 6 *Months.* *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Saratoga St Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 63 Whatcoat

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 14th 1885

Undertaker, Wm. H. Burgee

Place of Business, 62 East, St.

G. H. Jones M. D.
Medical Attendant.

Address, 193 Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No. 8 2 2 3 8 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, Mar. 10, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Williams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 103 Raborg

Cause of Death, First (Primary), Cap. Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, March 14th 1885

Undertaker Wm. A. Dungee

Place of Business, 62 East St.

O. Edw. Janney M. D.
Medical Attendant.

Address, 58 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8422.39 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Bull

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Lumber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 56 East Eager St

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16th 85

Undertaker, H. C. Childs Jr

Place of Business, 90 Gaun mt Ave

Silas H. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

..., City of Baltimore.

Permit No. 1470 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

82240

CERTIFICATE OF DEATH.

Date of Death, March 13th 7.30 P.M. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Emrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 4 *Months,* 2 *Weeks* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 225 St. Durham

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate),

Duration of Last Sickness, Several days - Con. Fever Case -

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, March 15th 85

Undertaker, G. Franc

Place of Business, Pant & Wolfe *Address,* 996 Baltimore St.

James O'Donnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

[illegible], City of Baltimore.

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

8224 1/2

CERTIFICATE OF DEATH.

8224 1/2

MAR 14 1885

Date of Death, Mch 12th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Clune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 - *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} Penna ave, - 246 -

Cause of Death, First (Primary), Tumor Cerebri

Second (Immediate), Bronchorrhoea

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Comp.

Date of Burial, 14 March 85

Undertaker, J. Rosenberg & Co

Place of Business, 70 Mulberry

Gustav Bibbert M. D. Medical Attendant.

Address, 44 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...partment, City of Baltimore.

Permit No. 8224 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

82242 8224½

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Bailis

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 37 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 307 Lombard Street.

Cause of Death, First (Primary), Pelvic Abscess

Second (Immediate), Paralysis of the Heart.

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, Mch 16 1885

Undertaker, D. Emmy & Mitchell

Place of Business, 550 W. Fayette *Address,* 461 N. Biddle St.

W. H. B. Belmont M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

[illegible], City of Baltimore.

Permit No. [illegible] *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

82243

CERTIFICATE OF DEATH.

82243

Date of Death, 12 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Waldren

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* — *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 99 Patterson Park ave.

Cause of Death, First (Primary), Concussion of Brain - followed by Erysipelas and ending in

Second (Immediate), Coma.

Duration of Last Sickness, 2 weeks nearly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th 1885

Undertaker, H. Sands & Son

Place of Business, 252 Caroline St. *Address,* 314 E. Baltimore st.

E. F. Leonard *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...partment, City of Baltimore.

Permit No. 1...4 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

82244

CERTIFICATE OF DEATH.

82244

Date of Death, ~~Dec~~ March 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patriek Connolly

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 52 *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ or Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years —

Place of Death, {Give Street and Number.} 10 N. Fremont —

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years —

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 16, 1885

Undertaker, F. Louis Schaefer

Place of Business, 109 N Fremont *Address,* 283 W. Lombard

Edwd F. Michael M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...partment, City of Baltimore.

Permit No. ...75 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

82245

CERTIFICATE OF DEATH.

82245

Date of Death, March 13/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), General Debility.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 14/85

Undertaker, Victor Needles.

Place of Business, Sisson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82246 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 14 1885 BALTIMORE

Date of Death, March 14/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Antony –

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, – *Years,* 1 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, –

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), –

Duration of Last Sickness, 2 Wks.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 14/85

Undertaker, Victor Needles

Place of Business, Sisson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 8224 7 *Office of Registrar of Vital Statistics.* **Ward** 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Franke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* 1 *Months,* 14 *Days.*

Color,

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 250 N. Carey St

Cause of Death, First (Primary), old age

Second (Immediate), asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon park cemetery

Date of Burial, March 16 1885

Undertaker Denny and Mitchell

Place of Business, 550 W Fayette St

E Lillard B M. D.
Medical Attendant.

Address, 238 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 8424 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George F Regner

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~8~~ 23 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Employee in Tobacco Factory

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 50 & Dallis St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Asthenia

Duration of Last Sickness, Abt 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, 16 of March 85

Undertaker, Henry Hofman

Place of Business, 23 N. Eden

D M Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 82249 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday - March 13th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Simon Cole

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 22 Years / *Years,* *Months,* *Days*

Color, Mulatto

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Hotel porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore. 22 years

Place of Death, {Give Street and Number.} 41 China St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Debility

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 15 1885

Undertaker, Herbert Ross

Place of Business, 95 Cor Wayst

Edmund C. Gibbs M. D.
Medical Attendant.

Address, 136 E. Townsend St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of [illegible]

Health Department, City of Baltimore.

Permit No. 82250 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Baltimore March 13th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Weeks

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Belair Road off Wiemers Brewery

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate),

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 15th

Undertaker, Kuehn Diehl

Place of Business, 101 South Bond St

226 Mulberry St M. D.
Medical Attendant.

Address, E. C. Town MD

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82251 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give street and Number.} 549 S Paca

Cause of Death, First (Primary), Dentition

Second (Immediate), Eclampsia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon

Date of Burial, March 16th 1885

Undertaker W. Dibert

Place of Business, 1528 Bond

J. Williams M. D.
Medical Attendant.

Address, 93 Jackson

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82267 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 16 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth A. Rock

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Housekeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, Nearly all her life

Place of Death, {Give street and Number.} 654 N. Lombard St.

Cause of Death, First, (Primary,) Consumption of Lungs & Tubercular Phthisis

Second, (Immediate,) —do

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial Loudon Park Cem.

Date of Burial, March 16th 1885

Undertaker, John J. Roches

Place of Business, No 150 Lombard

Dr. Casey Tinney M. D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 82353

Office of Registrar of Vital Statistics. 14 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Henry McGee

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Ellicott City Md

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, { Give street and number. } 678 Monroe

Cause of Death, First, (Primary.) Pulmonary Phthisis

Second, (Immediate.)

Duration of Last Sickness, some months - exact time not known

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, March 15 1885

Undertaker, Wm. J. Thacher

Place of Business, 150 Camden

Nicols. Holliday M.D.,
Medical Attendant.

Address, Carroll. Balto, Co.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82254 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Hurett.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 76 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore of Maryland

Duration of Residence in the City of Baltimore, about forty (40) Years.

Place of Death, {Give Street and Number.} No 3 Walker St

Cause of Death, First (Primary), Paralysis partial, Gangrene of left foot and Calf

Second (Immediate), Heart failure.

Duration of Last Sickness, about 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 16 1885

Undertaker, John W Jackson

Place of Business, ———

John N. Cowan M. D.
Medical Attendant.
N. E. Dorsey
Address, 238 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 52253 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sydney Francis Powell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 120 Collington Ave.

Cause of Death, First (Primary), Atelectasis Pulmonia

Second (Immediate), —

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 15th 1885

Undertaker, Lemmy H Mitchell

Place of Business, 66 S Broadway

R. V. Mankin M. D.
Medical Attendant.

Address, 92 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 22256 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 15 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lida Barling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 3 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 532 N. Washington St

Cause of Death, First (Primary), Prolonged Labor

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 16. 1885

Undertaker, John W Lankas

Place of Business,

H. H. White M. D.
Medical Attendant.

Address, 347 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82257 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 15 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Thomas

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 13 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 19 Stockholm st

Cause of Death, First (Primary),

Second (Immediate), Asthma

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Lem

Date of Burial, March 15th 1885

Undertaker, H Ross

Place of Business, 95 Conway St

Thos A Thom M. D.

~~Medical Attendant.~~

Address, Lem No. 19

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Durdin Inspector

The Special Attention of Physicians is respectfully ...

Health Department, City of Baltimore.

Permit No. 82258 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dames Minifie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lamp Engraver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England 45 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 58 King St

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 16th 1885

Undertaker, John. S. Mosher

Place of Business, Lombard & Paca

J H Kenney M. D.
Medical Attendant.

Address, 76 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the...

Board of Health, City of Baltimore.

Permit No. 84259 *Office of Registrar of Vital Statistics.* **Ward** 9 71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

94

CERTIFICATE OF DEATH.

Date of Death, March 14 — 1888

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie Jones

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Six (6) *Years,* — *Months,* — *Days,*

Color, Colored

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 1½ years

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate). 2 Weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 16/88

Thos J Ward M. D.

Medical Attendant.

Undertaker Geo. Rinehart

Place of Business, Tower Place *Address,* 127 St Paul

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 84260 *Office of Registrar of Vital Statistics.* Ward 13 3/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14. '82

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Bean

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lately about 3 days

Place of Death, {Give Street and Number.} 42 S. Eutaw st.

Cause of Death. First (Primary), Jury rendered a verdict -

Duration of Last Sickness, about 4 hours Coroner of Murder

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 16/82

Undertaker, J. B. Cook

Place of Business, 707 W. Balto st

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st city.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82261 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah R. Morris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} No. 71 George St

Cause of Death, First (Primary), General Debility

Second (Immediate), Hemorrhage of the Rectum

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 16/85

Undertaker, Chas. L. Scriven

Place of Business, 271 W. Eutaw

T. C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the ... [illegible]

Health Department, City of Baltimore.

Permit No. 82262 *Office of Registrar of Vital Statistics.* Ward 9 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1885

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Ignatius Clarke

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, [redacted] *Years,* 19 [redacted] *Months.* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 20 Mulberry Street

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, (6) six days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral Cy

Date of Burial, Mch 16/85.

Undertaker, STEWART & BOWEN, UNDERTAKERS.

Place of Business, 55 Park ...

Thos. L. Shearer M. D.
Medical Attendant.

Address, 97 N. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82263 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Doni Holdaway

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* / *Months.* 22 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} Gross & Eden hall Sts

Cause of Death, First (Primary).

Second (Immediate) Gastro-enteritis

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 17th 1885

Undertaker Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 146 Hanover St

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8424 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Ann, Hart

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia Westmoreland Co

Duration of Residence in the City of Baltimore, 61 years

Place of Death, {Give street and Number.} No 176 N Calvert

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemy

Date of Burial, March 17, 1885

Undertaker D Cemy & Mitchell

Place of Business, 530 W Fayette

H Starr M. D.
Medical Attendant.

Address, No 58 E. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side, and to Entry [illegible]

Board of Health, City of Baltimore,

Permit No. 8 4 2 6 5 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dunn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* *Months,* *Days.*

Color, Green

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Child

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give street and Number.} 1 [illegible] 17 Penn. Ln

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16th 1885

Undertaker Wm. L. Sunge

Place of Business, 62 East St

Whitfield Winey M. D.
Medical Attendant.

Address, 162 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Scholler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 8 *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Axle Grease Manufacturer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, About 15 years

Place of Death, {Give street and number.} 321 Aisquith Dallas Street

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) "

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cl A. G. Watson M. D.

Date of Burial, March 17 1885 Medical Attendant.

Undertaker, Henry Haeck *Address* 437 N. Central Ave

Place of Business, 309 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 82267 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1850

CERTIFICATE OF DEATH.

Date of Death, March 15th, 8 o'clock A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Barbary Lightheiser

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* 2 *Months.* 25 *Days*

Color, White

Married, Single, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 Years

Place of Death, {Give Street and Number.} 84 Johnson St

Cause of Death, First (Primary), Congestion of Lungs

Second (Immediate),

Duration of Last Sickness, 3 Days.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, March 17th

Undertaker, Henry Brill

Place of Business, Hennetta St 81

Emil R Elbrecht M. D.
Medical Attendant.

Address, Cor Columbia Ave & Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Health Department, City of Baltimore.

Permit No. 82268 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances L. Lürman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 398 Park Ave.

Cause of Death, First (Primary), Valvular Disease of Heart & Bright's Disease

Second (Immediate), Cardiac Asthenia

Duration of Last Sickness, Seven yrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 17th 1895

Undertaker, Kaufmann & Hess

Place of Business, Park & Saratoga

A. Le Chevr M. D.
Medical Attendant.

Address, 141 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying Rules, &c.

Health Department, City of Baltimore.

Permit No. 82269 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca L. Manning

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, *Single*, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pact. Life time

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 St Paul St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Ft E Emmanuel

Date of Burial, March 17th 1885

Undertaker, Kellenbarger Bros

Place of Business, East Baltimore

Thomas Shearer M. D.
Medical Attendant.

Address, 209 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82270 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Julilee

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 8 *Months,* 11 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 25, 8, 11.

Place of Death, {Give Street and Number.} 67 L. Hall st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetery

Date of Burial, March 17th 85

Undertaker, Leon Perkins

Place of Business, 221 Hamburg st *Address,* Hanover st

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to ...

Health Department, City of Baltimore.

Permit No. 82271 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1885

CERTIFICATE OF DEATH.

Date of Death, 15th March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Porter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* ... *Months,* ... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bal.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 118. Battery ave

Cause of Death, First (Primary), albuminuria

Second (Immediate),

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, March 16th

Undertaker, B. Harle

Place of Business, No. 82 West st

J. E. Wrenn M. D.
Medical Attendant.

Address, 5 Penn st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84272 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 13th, 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ambrose Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Steam fitter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} opposite 2nd line between

Cause of Death, First (Primary), Shot on the right side

Second (Immediate), Just below the nipple

Duration of Last Sickness, died instantly

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, March 16/1883

Undertaker, J. B Cook

Place of Business, 707 E. Balto St

Wm A Jones M. D.

Coroner

~~Medical Attendant.~~

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84273 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Henderson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... 1 *Months,* 14 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} 187 Eaccight St.

Cause of Death, First (Primary), Compound Complicated Hand

Second (Immediate), Marasmus

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Hollo Cem.

Date of Burial, Mch 16th 85

Undertaker, G. Frame

Place of Business, Frank & Wolfe Address, 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82274 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 16 1885

Date of Death, March 15, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Preller,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} N.W. Cor. Patterson & Wolfe Sts.

Cause of Death, First (Primary),

Second (Immediate), Tuberculosis.

Duration of Last Sickness, about 2 months.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Mch 17th 85

George A. Rohé M. D.
Medical Attendant.

Undertaker, G. France

Place of Business, 6 Paul & Wolfe Sts. *Address,* N.E. Cor. Greene & Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SAFETY ▲ FILM

Health Department, City of Baltimore.

Permit No. 84475

Office of Registrar of Vital Statistics.

Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 16 1885

CERTIFICATE OF DEATH.

Date of Death, March 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Freund

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* ~~Months,~~ *Days*

Color, White

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 183 Madera ally

Cause of Death, First (Primary), Croup (Membranous)

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cem'y

Date of Burial, March 17th 1885

Undertaker, Peter Frey

Place of Business, 91 Eden Ave

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 84276 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Simmonds.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* 2 *Months,* 4 *Days*

Color, Negro

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 197 Preston St.

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate), & Exhaustion

Duration of Last Sickness, 2 Months — Attended him only for 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Essex Co Va

Date of Burial, March 16th 1885

Undertaker, or W. H. Simmonds

Place of Business, 197 Preston St

H. M. Wilson M. D.
Medical Attendant.

Address, Balto Gen. Disp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3619 Fraser

OVER

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82277

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esther Ellerman

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days.*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Nothing

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty (50) years

Place of Death, {Give street and number} 23 Hanover St

Cause of Death, First, (Primary,) Relaxation of Neck

Second, (Immediate,) Paralysis of Neck

Duration of last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mar 16 th

Undertaker, H. Leipold

Place of Business, 127 Bond St

C. E. Gallagher M. D.
Medical Attendant.
Coroner

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 84278 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. Nielsen

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 4 *Months,* 15 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 467 Monument (E)

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, Mar 17th

Undertaker, W Lippert

Place of Business, 151 S Bond St

E. P. Evans M. D.
Medical Attendant.

Address, 373 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82279 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Fannie Buchanan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months,* *Days*

Color, "Colored"

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 48 Union St.

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Asphyxia from heart Complication

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 16 1885

Undertaker, W H Chase

Place of Business, 198 Howard St

S. Rickert M. D.

Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore.

Permit No. 82280 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Lucy Brown

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 105 Jasper St

Cause of Death, First (Primary), ...

Second (Immediate). Meningitis

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 16 1885

Undertaker Morgan & Pyle

Place of Business, Hillary St

F. T. Miles M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82281 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 16 1885 D.

CERTIFICATE OF DEATH.

Date of Death, March 13 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of (Alice and Henry Mitchell)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 2 *Days*

Color, colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 611 Bruce st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 611 Bruce st

Cause of Death, First (Primary), Heart disease

Second (Immediate), Asphixia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, West End Cemetery

Date of Burial, March 14/1885

Undertaker, Fred A Kerchner

Place of Business, 129 Arlington Ave

Wm A. Jones M. D.
Coroner ~~Medical Attendant~~.

Address, 326 Hoffman st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore.

Permit No 82282 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Laundress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Five Years

Place of Death, {Give street and Number.} 155 Vincent St

Cause of Death, First (Primary). Erysipelas Face & Head

Second (Immediate). Erysipelas " "

Duration of Last Sickness, One Week (Charity Case)

All the above information should be furnished by the Physician.

Place of Burial, King & Queen Co Va

Date of Burial, March 17 1885

Undertaker Wm M Deringer

Place of Business, ——

J. W. J. Douglas M. D.
Medical Attendant.

Address, 394 Lanvale ST

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3620 Hanover

Board of Health, City of Baltimore.

Permit No. 84283 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, March 15th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Wesley Hooper

Sex, Male ~~or Female~~. { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days.*

Color, Black

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } single

Occupation ——

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, { Give street and Number. } 5 Duncan alley

Cause of Death. First (Primary), Intestinal Worms

Second (Immediate), Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 17/85

Undertaker Geo. Rinehart

Place of Business, Forrest Place

C. J. Weeks M. D.
Medical Attendant.

Address, Balto University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

5

Permit No. 82284 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 16 1885

Date of Death, Mar. 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Richards

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 12 Mc Elderry St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 16-1885

Undertaker, W W Madden

Place of Business, 76 East Pr

E. B. Feuby, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84285 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhoda A. Dyson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 71 Co. Dallas

Cause of Death, First (Primary), Consumption - Pul.

Second (Immediate), Cas Necrosis

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 15 1885

Undertaker, W W Madden

Place of Business, 46 East 8th

G. L. Bristow M. D.
Medical Attendant.

Address, 77 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific...

Board of Health, City of Baltimore.

Permit No. 82286 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Laura M. Bateman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 3 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Ever since life

Place of Death, {Give street and Number.} 268½ Hanover St

Cause of Death, First (Primary), ...

Second (Immediate). Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Mar 17th 1885

Jerom Cox M. D.
Medical Attendant.

Undertaker C. F. Krauserson

Place of Business, 209 Hanover St. *Address,* 116 Huguette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

10

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82287

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeremiah Mills

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Year,* Six *Months,* Four *Days.*

Color, Colored *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 111 Chesnut Alley

Cause of Death, First (Primary,) Cynanche Parotidae

Second (Immediate,) Pneumonitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, March 16th 1886

Undertaker, Wm C Gray

Place of Business, *Address* 41 Orchard St

W. H. Thompson, *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 82288 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Trautheim

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 118 Johnson St.

Cause of Death, First (Primary), Morbid Dentition

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem

Date of Burial, March 17th 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts *Address,* 152 Sharp St

R. J. H. Tull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8428 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie J. Dameron

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 7 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} 115 Montgomery St

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17th 1885

Undertaker, Armstrong & Hamm

Place of Business, Light & Montgomery *Address,* Hanover St

R. C. Lee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 82490 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 15, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Reese

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 Years, Months, Days.

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Blacksmith.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 Biddle alley st.

Cause of death, First, (Primary,) Pneumonia.

Second, (Immediate,) Heart failure.

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, London Park.

Date of Burial, March 17th 1885.

Undertaker, Walter Immel.

...e of Business, 815 N Biddle.

C. Edward Janney M. D.,
Medical Attendant.

Address, 242 N. Eutaw

...act from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...ded during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as ...d, the full name, sex, age and condition (whether married or single) of the person deceased, and the ... cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82291 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christine Kerger

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Seventy *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} In rear of 135 W. Register St

Cause of Death, First (Primary), Gastritis

Second (Immediate), old age

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 17th

Undertaker, W. Leibold

Place of Business, 713 Bond St

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 W. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82494 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elsie Langly

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 292 E. Bath St.

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Mch 17th 83

Undertaker, G. France

Place of Business, Grant & Wells

E. F. Brown M. D.
Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82293 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Augusta Hoeller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Miller

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 329 N. Gallows St.

Cause of Death,
First (Primary), Phthisis Pulmonalis
Second (Immediate), Haemaphysis

Duration of Last Sickness, Three (3) years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, March 19th 1885

Undertaker, Adam Fink

Place of Business, 1611 Gay St

L. A. Bloch M. D.
Medical Attendant.

Address, 1 E. Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82294 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Milly Irving

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Above 80 *Years,* not definitely known *Months,* *Days,*

Color, Colored

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} U.S.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, {Give Street and Number.} 5 Cross Alley

Cause of Death, First (Primary),

Second (Immediate), Old age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, March 17, 1885

Undertaker, Wm. F. Gray

Place of Business, 65 Mulberry

George A. Kohe, M. D.
Medical Attendant.

Address, N. Greene & Mulberry Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 82295 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Müller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* 5 *Months.* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 40 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 114 Fort Ave.

Cause of Death, First (Primary), Malaria

Second (Immediate), Pericarditis

Duration of Last Sickness, 7 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 18th 1885

Undertaker, Ernst Soltmann

Place of Business, 18 Sharp St

Robert S. Rowe M. D.
Medical Attendant.

Address, 233 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82296 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1895

Date of Death, March 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo H. Westenberger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months,* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 158 Eutaw St

Cause of Death, First (Primary), Emphysema

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 or 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Wednesday March 18

Undertaker, Joseph B Cook

Place of Business, 1 Baltimore St

H L Hill *M. D.*
Medical Attendant.

Address, 233 W Lan

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank [illegible]

Board of Health, City of Baltimore.

Permit No. 82297 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Theodore D. Dentice

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months.* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Chair Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} 532, S Charles St

Cause of Death, First (Primary),

Second (Immediate) Supposed to be Apoplexy

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, March 18th 1885

Undertaker Armstrong & Denny

Place of Business, 263 Light St

Steven Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82298 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 15th 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M Mahoney

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* 10 *Months,* 9 *Days*

Color,

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co

Duration of Residence in the City of Baltimore, Since Known

Place of Death, {Give Street and Number.} 43 Parkin St

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18 81

Undertaker, B. Hearle

Place of Business, No 82 West St

[illegible] M. D.
Medical Attendant.

Address, 343 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82299 *Office of Registrar of Vital Statistics.* **Ward** 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Margaret J. Edmonds

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 78 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Midwife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 65 years

Place of Death, {Give street and Number.} 185 Lee St

Cause of Death, First (Primary),

Second (Immediate) Heart Failure

Duration of Last Sickness, 3 Hrs

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, March 18th 1885

Undertaker John J. Andrews

Place of Business No 486 Druid Hill Ave

Chas H Parran M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82300 *Office of Registrar of Vital Statistics.* Ward 17 5/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Coleman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 3 *Months,* 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Dur Life

Place of Death, {Give Street and Number.} 48 Hill St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem,

Date of Burial, March 18 83

Undertaker, M. A. Daly

Place of Business, 1458 Broadway

O. & A. Cooke M. D.
Medical Attendant.

Address, 116 Front av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 82301 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Buchtold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* 3 *Months,* 20 *Days,*

Color, white

Married, Single, ~~Widow~~, Widower, {Cross out the word not required in this line.}

Occupation, Cabinet maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 116 north Central ave

Cause of Death, First, (Primary,) Enteric Fever

Second, (Immediate,)

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, March 17th 1888

Undertaker, John Glennig

Place of Business, 382 Orleans *Address.* 192 Aisquith St

D V Moyer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82302 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward E. Chandlee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* One *Months.* 7 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. Co.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 60 Inc Elderkin Ext.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Measles

Duration of Last Sickness, Six Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, March 18th 1885

Undertaker, John Hennig

Place of Business, 352 Calvert St *Address,* [illegible]

C. L. Wilkins M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82303 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mitchell B. Reed,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} ✓

Occupation, Inspector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 136 N. Calhoun St.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 18th 1885

Undertaker, Penny & Mitchell

Place of Business, 658 Broadway

C. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Pat. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82304 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Scott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years.* 1 *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.} Married

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 19 Fountain St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 18th 1885

Undertaker, Denny & Mitchell

Place of Business, 66 Broadway *Address,* [illegible]

W. J. Hall, M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82305 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda Winters

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Woodberry Balt. Co. Md.

Duration of Residence in the City of Baltimore, About 20 yrs.

Place of Death, {Give Street and Number.} 219 Cooksie & Locust Pl.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, About 18 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery

Date of Burial, March 18th

Undertaker, B. Hark

Place of Business, No. 82 West

R. W. Mayfield M. D.
Medical Attendant.

Address, 70 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82306 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16. 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Martha Nelson.

~~Sex, Male or~~ *Female,* { Cross out the word not required in this line. } Female.

Age, 81 Years, 11 Months, 22 Days,

~~Color,~~ White

~~Married, Single,~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. }

Occupation, Nil.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore. [illegible]

Duration of Residence in the City of Baltimore, 52 years.

Place of Death, { Give street and Number. } 145 S. Ann St.

Cause of Death, First, (Primary,) Senile Decay.

Second, (Immediate.) Asthenia

Duration of Last Sickness, Gradual Decay

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 18th 1885.

Undertaker, Leonhard Wurz

Place of Business, 27 S. Broadway

[illegible] M. D.,
Medical Attendant.

Address, 70 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82307 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 16 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Glenn

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ... *Months,* ... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 6 Essex av.

Cause of Death, First (Primary), Erysipelas — Peritonitis

Second (Immediate), Asthenia

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem.

Date of Burial, Mar 17 1883

Undertaker, Kerr & Byrne

Place of Business, Funeral *Address,* 79 So. Broadway

J. L. Winans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 82308 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Rosie M. Tulyer

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 0 *Years,* 10 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 54 Hillman St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 17th

Undertaker H. C. Windfield

Place of Business, 90 Greenmount Ave *Address,* .....

Chas Bonn Burke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82309 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Cassiday

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* 2 *Months.* 20 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 412 Greenmount Ave

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate),

Duration of Last Sickness, 21 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 17th

Undertaker, H. C. Winderfeld

Place of Business, 90 Greenmount Ave

Jos. H. Thomas, M. D.
Medical Attendant.

Address, 66 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 82310 *Office of Registrar of Vital Statistics.* Ward 132

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Sarah McKee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months,* —— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 16 Parkin

Cause of Death, First (Primary), Asthenia - Superinduced

Second (Immediate), by long suffering from Neuralgia

Duration of Last Sickness, One year —

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 18 1885

Edw F. Mulholland M. D.

Medical Attendant.

Undertaker, Joseph F. Byrne

Place of Business, 3 & V Liberty *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82311 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Edward Hays

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Back Bay

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 40 Hoke St. near Hanover

Cause of Death, First (Primary),

Second (Immediate). Heart. chronic case

Duration of Last Sickness, 3 days. complaing for 3 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 18 85

E. N. Dorsey *M. D.*
Medical Attendant.

Undertaker H. Henry Sander Jr.

Place of Business, 552 Lombard *Address,* 86 Eastern Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Health Department, City of Baltimore.

Permit No. 84312 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 17 1885

74

CERTIFICATE OF DEATH.

Date of Death, March 13-85- 800 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Munroe

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Aneurism Aorta (Arch)

Second (Immediate), Apnoea

Duration of Last Sickness, 5 hrs

All the above information should be furnished by the Physician.

Place of Burial, E. Pul. Cemetery

Date of Burial, March 17/1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

F W Mead M. D.

Medical Attendant

Address, U S Main Hosp Simm

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 84313 *Office of Registrar of Vital Statistics.* **Ward** 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph White

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George's Co Md

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 75 N Bond St

Cause of Death, First (Primary). Heart disease

Second (Immediate) Apnoea from dropsy

Duration of Last Sickness, several weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 18 1885 C. B. Schmutka M. D.

Medical Attendant.

Undertaker Wm S. Fry

Place of Business, 81 & Broadway *Address,* 293 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 82314 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 17 1885
BALTIMORE MD

Date of Death, March 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Posey

Sex, Male ~~or Female~~. {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months,* — *Days.*

Color, Black

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Bradger

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 13 Years Bet Balt & Eutaw

Place of Death, {Give street and Number.} 9 Hacks alley near Dallas St

Cause of Death, First (Primary), —

Second (Immediate), Brights Disease

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 17 1885

Undertaker W W Madden

Place of Business,

C. T. Hacks M. D.
Medical Attendant.

Address, Balto University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82315 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerrod Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, 11 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 259 Aliceanna St.

Cause of Death,
First (Primary), Catarrhal Fever
Second (Immediate),

Duration of Last Sickness, One Week.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 18 1885

Undertaker, T. J. Locke

Place of Business, 73 Jefferson St. *Address,* 259 E Baltimore St.

Samuel E Donaldson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82316

Office of Registrar of Vital Statistics.

Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurate
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decea
sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

RECEIVED MAR 18 1885 BALTIMORE, MD.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lazarus Schlup

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 84 Years, — Months, — Days

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Peddler.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 41 Years

Place of Death, {Give Street and Number.} 45 Lough St.

Cause of Death, First (Primary), Cerebral Hemmorrhage

Second (Immediate), asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lloyd St Cemetery

Date of Burial, March 18th 1885

Undertaker, Wm. Silver

Place of Business, 101 Gough St

Address, 1 S Bradford

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82317

Office of Registrar of Vital Statistics.

Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Esbach Tales

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, Four Months. Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 282 N. Ann Street

Cause of Death, First (Primary), Hydrocephaloid

Second (Immediate), Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Madison Dorchester Co. Md.

Date of Burial, March 20, 1885

Undertaker, Mr. T. Bromwell

Place of Business, Madison Dorchester Co. Md

Wm H Cushing, M. D.
Medical Attendant.

Address. No 102 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3624 Fawcett

[over.]

Health Department, City of Baltimore.

Permit No. 82818 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 3 1885

CERTIFICATE OF DEATH.

Date of Death, Mch 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grace Hammond

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days*

Color, Col

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 42 Stockholm St

Cause of Death, First (Primary), Spasms

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mch 18th 85

Undertaker, H Ross

Place of Business,

James A Clemens M. D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W C Roberts D. Inspector

[OVER.]

Health Department, City of Baltimore.

Permit No. 82319 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE, MD

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. L. Rosle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* 7 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 127 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Suicide by hanging

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 19th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 1094 Fairmount

L. A. Bell M. D.
Medical Attendant.

Coroner Sup Dist

Address, 161 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 82329 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 13 1885 BALTIMORE, MD

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Schaible

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 156 Dunn st

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 19/85

Undertaker, Ch Barkell

Place of Business, 3 N Frederick *Address,* 711 W Lombard st

W. D. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82321 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Hall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days*

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St Mariens Court

Cause of Death, First (Primary), Cerebral Congestion

Second (Immediate), Exhaustion

Duration of Last Sickness, one Day

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, March 18th 1885

Undertaker, Saml W Chase

Place of Business, 198 S. Howard St

Samuel Duffy M. D.
Medical Attendant.

Address, B. C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 82322 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED MAR 18 1885 REGISTRAR'S OFFICE BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily C. Herbert

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 37 S. Gilmore St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 Year

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, March 18 1885 James Bacon M. D.

Medical Attendant.

Undertaker J. B Cook

Place of Business, 707 W. Balto. *Address,* Cor Arlington and Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82323 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T. M. Scheelin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 5 Months, 21 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 350 West Lombard

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.

Date of Burial, Mch. 19 1883

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 279 West Fayette

D. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82324 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa Lorentz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} 316 Eastern Ave

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cemetery

Date of Burial, March 19. 1885.

Undertaker, Henry Ellis Grimes.

Place of Business, 412 N. Central Ave. *Address,* 188 N. Calvert St.

Richard J. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82325 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Virginia V. Tucker

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 164 Government Ave

Cause of Death, First (Primary), Laryngeal Phthisis

Second (Immediate). Exhaustion

Duration of Last Sickness, About Three months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, March 19th 85

Undertaker G. Frances

Place of Business, Frantz & Wolfe's *Address,* 293 N. Broadway

J. B. Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82326 *Office of Registrar of Vital Statistics.* Ward 1 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE MD.

CERTIFICATE OF ~~DEATH~~.

Date of Death, March 17th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Joseph Krug

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 2 *Years,* 2 *Months.* 2 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Copper worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 33 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 421 Caton Ave.

Cause of Death, First (Primary), Information not given.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, March 18th 85

Undertaker, G. France

Place of Business, Paul & Wolfe Sts. *Address,* 53 Ellwood St.

E. J. Williams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 20

Permit No. 82327

OFFICE OF REGISTRAR OF VITAL STATISTICS.

BOARD OF HEALTH
MAR 18 1885
BALTIMORE MD

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Belle Cuttler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} —

Age, — *Years,* 7 *Months,* — *Days.*

Color, Colored —

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 820 Wendyear St

Cause of Death, First, (Primary,) Acute Pneumonia

Second, (Immediate,) —

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Ridgely Landing

Date of Burial, Mar 19th 1885

Undertaker, W. Hemsley

Place of Business, 116 Orchard St

John J. King M. D.
Medical Attendant.

address, 215 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. G. DULANY & CO. CITY PRINTERS AND STATIONERS.

3623 Frankel

[CV 48.]

Health Department, City of Baltimore.

Permit No. 82328 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 18 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Monday March 18th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Perine

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, 0

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 99 East Eager st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 13 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 18th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmont Ave

L. C. Sloan M. D.
Medical Attendant.

Address, 226 Mulberry st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 42329 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Thomas Kenny

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 16 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 264 Battery av

Cause of Death, First (Primary), Chronic Croup

Second (Immediate),

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 19th 1885

Undertaker, Daniel Flynn

Place of Business, 109 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Foot av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82330 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 18 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gotlieb Balser Bartholomae

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 282 S Bond St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), ...

Duration of Last Sickness, One Week. Last Seen on the 16th inst

All the above information should be furnished by the Physician.

Place of Burial, St. Paulus' Cemetery

Date of Burial, March 19th 1885.

Undertaker, Leonhard Feuss

Place of Business, 277 S Bond Street

James O'Donnell M. D.
Medical Attendant.

Address, 992 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82331 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 18 1885

Date of Death, March 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenora M. Taddeo

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 6 y 7 *Years,* — *Months.* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. — 7 years

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 246 Franklin St —

Cause of Death, First (Primary), Premature old age —

Second (Immediate), ~~Dropsy~~ Cerebral Effusion.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 19th 85

Undertaker, Matthew Coleman

Place of Business, 22 Mulberry St

Marcus Bibler M. D.
Medical Attendant.

Address, 49 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82332 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Dougherty

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 2½ hours *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 20 Lee n

Cause of Death, First (Primary), Prolracted Labor

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters. Cem

Date of Burial, March 18-85 H M Webster M. D.

Undertaker, C. F. Krause Son Medical Attendant.

Place of Business, 209 Hanover *Address,* 50 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 82333 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1895
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 17th

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Julia Stecka

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 3. *Years,* 2. *Months,* [illegible] 12 *Days,*

Color, —

Married, Single, Widow or Widower, { Cross out the word not required in this line. } — — — — — — — —

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore U.S.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 456. E Chase St.

Cause of Death,
First (Primary), Membranous Croup.
Second (Immediate), ~~Asthma~~ Apnea.)

Duration of Last Sickness, about 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, 19th of March 95

Thomas J. Simms. M. D.
Medical Attendant.

Undertaker Henry Hofman

Place of Business, 8 N. Eden St

Office Address, 242 E. Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8233

Office of Registrar of Vital Statistics.

Ward 5 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 15 1885

Date of Death, March 18 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } J. York

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 46 Years, Months. Days

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, Nurse

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, { Give Street and Number. } 183 No Gay St.

Cause of Death, { First (Primary), Cerebral Apoplexy
Second (Immediate), Coma & Convulsions }

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, March 19, 1885

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 287 Mount Ave

H. Roland M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82335 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Firth

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 69 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England (Yorkshire)

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give Street and Number.} 146 N. Howard

Cause of Death, First (Primary), Inflam. of Gall Stones

Second (Immediate), Icterus

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 19. 1885

Undertaker, [illegible]

Place of Business, [illegible]

A. Slutt M. D.
Medical Attendant.

Address, 1429 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82336 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1885

CERTIFICATE OF DEATH.

Date of Death, March 14 — "85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert W. Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Team-driver for N. C. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 6 yrs.

Place of Death, {Give Street and Number.} Unacaton Cent. Ave. bet. Holland & Mulli[illegible]

Cause of Death, First (Primary), A blow caused by being caught bet. bumpers of freight cars.

Second (Immediate), Int. Hemorrhage & ruptured intestine

Duration of Last Sickness, 1½ hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 19th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Central Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82337 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 1 1895 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 18th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mahala J Hoantz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* ~ *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Havana Co

Duration of Residence in the City of Baltimore, Thirty years.

Place of Death, {Give Street and Number.} No 23 O Gilmor

Cause of Death, First (Primary), Consumption

Second (Immediate), Pneumonia.

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Ellicott City

Date of Burial, March 20th

Undertaker, Stephen. Hillsinger

Place of Business, Ellicott City

Amman F Hill M. D.
Medical Attendant.

Address, 17 N Calhoun st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3624 Fremont [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 82338 *Office of Registrar of Vital Statistics.* Ward 4"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 15 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* ——— *Months.* Six *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 17 Yrs 6 Mos

Place of Death, {Give Street and Number.} 9 Chestnut St

Cause of Death, First (Primary), ———

Second (Immediate), Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 19th 1885

Undertaker, Wm H Burgee

Place of Business, 62 East St

C. E. Gorsuch M. D.
Medical Attendant.

Address, ———

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84339 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Scott

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months.* ..... *Days*

Color, wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 66 year

Place of Death, {Give Street and Number.} 219 ~~Madison~~ N. Fremont St

Cause of Death, First (Primary), Paralysis

Second (Immediate), ...

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 20/85

Undertaker, Chas. T. Screven

Place of Business, 271 N. Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82340 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas C Worden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 131 N. Washington St

Cause of Death, First (Primary),

Second (Immediate), Scarlet Fever

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 20/85

Undertaker, Wm S. Fry

Place of Business, 81 W Broadway

J H Guyton M. D.
Medical Attendant.

Address, 137 Fleet St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 8234 / *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March, 18th 1885 10th P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Archer L. Kuret

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 25 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 165 E Pratt St

Cause of Death, First (Primary),

Second (Immediate) Pulmonary catarrh

Duration of Last Sickness, 2 days = under treatment

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, March 20/85

Undertaker C F Rau

Place of Business, 62½ W Balt St

A Trepthertzer M. D.
Medical Attendant.

Address, 98 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last [illegible]kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak[illegible], or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, [illegible] and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82342 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 19th May 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry S. Tudor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 45 yrs

Place of Death, {Give street and Number.} 21 S. Strieker

Cause of Death, First (Primary), old age

Second (Immediate), Degeneration of Stomach & Liver

Duration of Last Sickness, ailing a good while sick ten days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Co

Date of Burial, March 21/83

Undertaker WB Cook

Place of Business, 707 W. Balto St, *Address,* 574 N. Eutaw St

John Howard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Board of Health, City of Baltimore, 12.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8423-13

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Long.

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, ~~87~~ 86 *Years,* 2 *Months,* *Days.*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Wilmington, Delaware

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give street and number} #380 Eutaw Place. Bronchitis

Cause of Death, First, (Primary,) Phthisis complicated with pneumonia and

Second, (Immediate,) Apnoea.

Duration of last Sickness, 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md.

Date of Burial, March 20th 1885

James Bonn. M. D.
Medical Attendant.

Undertaker, Mr Heaver

Place of Business, 202 Pulaski

Address, #63 John St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3625 Travers

[OVER.]

Health Department, City of Baltimore.

Permit No. 82347 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 19 1885
BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Carroll

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 3 *Months,* ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 291 E Lombard St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 2 Hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, March 19/1885

Undertaker, Wm J. Schaefer

Place of Business, Front St

James A Steuart M. D.
~~Medical Attendant.~~
Cor Md & Pine

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Edward McGaffigan

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82345 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Leary

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give Street and Number.} University Hospital.

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate), Asthenia & Hemorrhage

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, West Baltimore Cemetery

Date of Burial, March 18th 1885

Undertaker, Fred'k A. Kirchner

Place of Business, 129 N. Arlington Ave. *Address,* University Hospital

A. West M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 82346 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 25 *Years,* *Months.* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River Md

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), asthenia

Duration of Last Sickness, about 7 months

All the above information should be furnished by the Physician.

Place of Burial, West Public Grnd

Date of Burial, March 18/1885

Undertaker, Fred A Kaelin

Place of Business, 129 N Howard

Welch M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82347 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 19 1885

CERTIFICATE OF DEATH.

Date of Death, March 17 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachael Browning

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~One~~ *Years,* 2. *Months.* 11 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 145 Iceland St

Cause of Death, First (Primary), Cold.

Second (Immediate), Bronchitis

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, Mch 19-1885

Undertaker, H Ross!

Place of Business, Conway St

James A Steuart M. D.

~~Undertaker~~

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Dudrey Undertaker

Health Department, City of Baltimore.

Permit No. 8234 18 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 19 1885

BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Gottmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 61 years

Place of Death, {Give Street and Number.} No. 422 Eastern Ave.,

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Ldst Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 20th March 1885

Undertaker, John C. Schuele

Place of Business, 165 Aliceanna Address, ... M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82349 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wittingsley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waterman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, About 14 Years

Place of Death, {Give Street and Number.} Patapsco River off foot Howard St

Cause of Death, First (Primary), ...

Second (Immediate), Drowned

Duration of Last Sickness, Instant - Accidental

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 20th 1885

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St

Geo. J. Pell, M. D.

Medical Attendant.

Coroner

Address, 161 So Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82350

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 19 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Waltenpear

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, City

Duration of Residence in the City of Baltimore, 22

Place of Death, {Give Street and Number.} 19 Poultney st

Cause of Death, First (Primary), Burnt

Second (Immediate), ...

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, H Olivet

Date of Burial, March 20

Undertaker, B. Hall

Place of Business, 82 West ft

R. H. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82357 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Remigius Gaebler

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* 2 *Months,* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth} Germany

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} No 616 Chatsworth

Cause of Death, First (Primary), [illegible]

Second (Immediate), Pneumonia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 20th 85

Undertaker, G. France

Place of Business, 1 Fayette & Wolfe Sts *Address,* 214 Broadway

R. F. Hoelt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82352 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dennis Shea

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* — *Months,* — *Days*

Color, Wht

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 18 W. Lombard St.

Cause of Death, First (Primary), Mitral Insufficiency

Second (Immediate), Cardiac Paralysis from over accumulation of blood

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 20 1885

Undertaker, James A Payne

Place of Business, No 63 N Front St

Alex Hill M. D.
Medical Attendant.

Address, Coroner Eng. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82383 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Murphy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 251 E. Lee Street

Cause of Death, First (Primary), Cerebro Spinal

Second (Immediate), Meningitis

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 20th 1885

Undertaker, James L. Byrnes

Place of Business, No 63 N. Front St

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 251 E. Lee Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82357

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE MD. MAR 19 1885

15

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adeline M. S. Ross

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 6 *Months,* *Days.*

Color, Blk

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 182 York str

Cause of Death, First, (Primary.) Congestion of the lungs

Second, (Immediate.)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 19 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Wafst

A. M. Bell M.D.,

Medical Attendant.

Address, 128 Cathedral st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82355 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE MD

Date of Death, March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Pfeiler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 42 Years.

Place of Death, {Give Street and Number.} # 183 Germania Av.

Cause of Death, First (Primary),

Second (Immediate), Nervous Prostration

Duration of Last Sickness, Three Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, March 20 1885

Undertaker, Rosenberger

Place of Business, 70 Hulbert St

A. L. Speir M. D.
Medical Attendant.

Address, 387 W. Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82356 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Stewart

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* 4 *Months,* *Days*

Color, White.

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 40 E. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Old age.

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, March 21st 1885

Undertaker, James O Byrne

Place of Business, No 63 N Grant St

J. W. Houck M. D.
Medical Attendant.

Address, 75 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8237 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 20 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Hawkins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 5 *Months.* ... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Liberty Road - near Stricker St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), —

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 20 1885

Undertaker, Chas E Slatter M. D.
Medical Attendant.

Place of Business, 116 Orchard St *Address,* 565 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82358 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar A Young

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months.* 10 *Days*

Color, Cobile

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 818 Gilmor str

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mont Olivet Cemetery

Date of Burial, March 20. 1885

Undertaker, Joseph Cook

Place of Business, 707 West Balto *Address,* 319 Hillen

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82359 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 20 1885 BALTIMORE

Date of Death, Mar 17, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Bartzlage

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 146 Sarratoga.

Cause of Death, First (Primary), old age

Second (Immediate), Pneumonia.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, Mch 22nd 85

Undertaker, Wm Fenlon & Son

Place of Business, Park & Saratoga

W. P. Morgan M. D.
Medical Attendant.

Address, 119 W Monument.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82360 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie C. Spence

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 10 *Months.* *Days* 11

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 162 E. Eden

Cause of Death, First (Primary), Bronchial Pneumonia

Second (Immediate), Measles

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Old Methodist Cemetery

Date of Burial, March 22. 1885

Undertaker, John W Jackson

Place of Business,

G. L. Wilson M.D.
Medical Attendant.

Address, 775 E. Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82361 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhardt Gesang

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 8 *Years,* 4 *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 5 Elizabeth Lane

Cause of Death, First (Primary), Asthma

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmal Cemetry

Date of Burial, March 20th,

C. L. Buddenbohn M. D.
Medical Attendant.

Undertaker, B. Harle

Place of Business, No. 82 West Lond *Address,* 166 E. Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82362 — *Office of Registrar of Vital Statistics.* Ward 16 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis J. Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 2 *Months,* 19 *Days*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Grocery man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 120 Barre St. Extended

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 23rd

Undertaker, Wm J. Tittner

Place of Business, 65 S. Eutaw

J. Tyler Smith M. D.
Medical Attendant.

Address, 167 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82363 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Adams

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, Col

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 69 Jasper St

Cause of Death, First (Primary), Child bed

Second (Immediate), Exhaustion

Duration of Last Sickness, one months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem,

Date of Burial, Mch 21 1885

Undertaker, Wm James Gray

Place of Business, 65 — —

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82364 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustavus Mathews

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months.* *Days*

Color, (colored)

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dont Know Md.

Duration of Residence in the City of Baltimore, Dont Know 40 years

Place of Death, {Give Street and Number.} no 7 Mulberry alley

Cause of Death, First (Primary), died from effects of a burn

Second (Immediate), of laundress

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, March 20 1885

Undertaker, Wm. J. Gray

Place of Business, 65 — —

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~,

Address, 320 W Pratt st City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82365 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1885

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ignatious Abell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 572 Pacca St.

Cause of Death, First (Primary), Nervous Prostration

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 21st 1885

Undertaker, John S. Mackin

Place of Business, N. 156 Camden

J H Cuneo M. D.
Medical Attendant.

Address, 76 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

2 of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82366 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Seidel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Public School Teacher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 37 Harlem Avenue

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 22 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 21st 1885

Undertaker, John J Hartley

Place of Business, 15 Camden

Harvey Hill M. D.,
Medical Attendant.

Address, Calhoun & Monument

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82367 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hamilton Russell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 8 *Months,* 20 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Upholsterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 218 Division St

Cause of Death, First (Primary), Uraemic Poisoning

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 20th 1885

Undertaker, H. A. Dayer

Place of Business, 74 S. Bway

Chas E Fattier M. D.
Medical Attendant.

Address, 565 Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82368 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 18th - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Feerman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 4 *Months.* *Days.*

Color, White

~~Married~~, Single, ~~Widow, Widower~~, {Cross out the words not required in this line.} Single

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 938 Eastern Ave

Cause of Death, First (Primary), (Bright's) Disease of Kidneys

Second (Immediate),

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, March 20. 1885

Undertaker, H. Sanderson Son

Place of Business, 252 Canton Av *Address,* 22 Jackson Square

Thomas B. Evans M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82369

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. White

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 29 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Maid-Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Northampton Co Va

Duration of Residence in the City of Baltimore, 1 year =

Place of Death, {Give street and number.} 279 Madison Avenue

Cause of Death, {First (Primary,) Pulmonary Phthisis. Second (Immediate,) Acute tuberculosis.

Duration of Last Sickness, 1 months.

All the above information should be furnished by the Physician.

Place of Burial, Matthews C.H. Va

Date of Burial, March 21/85

Undertaker, Chas. T. Scriven

Place of Business, Calhoun St.

Samil Johnston M. D.
Medical Attendant.

Address 50 W. Monument St.

BALTIMORE, MD. MAR 20 1885

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3647 Fremont

[OVER.]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 82370 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Rooney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 58 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} 95 York St

Cause of Death, First (Primary), ...

Second (Immediate), old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, Mar 21st 1885

Undertaker, C.T. Kraus & Son

Place of Business, 209 W. Lanvale St. *Address,* 146 Hanover St

Leonard Corkran M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8237 / *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 20 1885
BALTIMORE

Date of Death, March 19th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Liz Hales

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 61 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 33 years

Place of Death. {Give street and Number.} 47 E. Eager

Cause of Death. First (Primary). Rheumatism

Second (Immediate).

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, Sat., Mar. 21/85

Chas B. Billingslea M. D.
Medical Attendant.

Undertaker Hughes Spencer Co

Place of Business, 60 E Baltimore St *Address,* 228 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82372 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 18th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Franz

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 6 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 Years

Place of Death, {Give Street and Number.} No 381 S Charles St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 21st

Undertaker, F. N. Troll.

Place of Business, 131 Hanover St. *Address,* 151 Hanover St

L. C. Bruch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82373 *Office of Registrar of Vital Statistics.* Ward 12/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 20 1885 BALTIMORE MD.

Date of Death, March 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Lee

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 1/2 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Childs Hosp.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, Mar 20

Undertaker, G W Blizzard

Place of Business, 201 Penn ave

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Mad. ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

14th

Permit No. 82374

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
MAR 20 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Jane Snyder nee Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, Sixty-two *Years,* *Months,* *Days.*

Color, White

Sex, Female

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Sixty years

Place of Death, {Give street and number.} 5 Pleasant St. below McHenry

Cause of Death, First (Primary,) Disease of heart & Bronchial Catarrh

Second (Immediate,) Vital Exhaustion & paralysis of heart

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 21st 1885 E. A. Holbrook M. D.

Medical Attendant.

Undertaker, A. M. Leonardson

Place of Business, 182 W. Baltimore *Address* 185 N. Carey st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the p[erson] deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 82575 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 20 1885

CERTIFICATE OF DEATH.

Date of Death, Mar 20th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore P. Weller

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 10 *Months.* 19 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} S. Bank St.

Cause of Death, First (Primary), Catalepsy

Second (Immediate), Asthenia

Duration of Last Sickness, 1 D Acc

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 20th

Undertaker, Wm. Lewis Dipp'd

Place of Business, S. Bond St. 20

G. L. Wilkins M. D.
Medical Attendant.

Address, 77 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 82376 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Gray

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Unknown Years, 9 yrs Months, Days,

Color, about 60 White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Unknown

Occupation Unknown

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number. } City Hospital Cor. Calvert & Saratoga

Cause of Death, First (Primary), Pneumonia

Second (Immediate). Consolidation of lungs & Asphyxia

Duration of Last Sickness, only a few days

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, March 20th 1885

Undertaker Geo. Rinehart

Place of Business, Forrest Place *Address,* City Hospital

H. R. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore.

Permit No. 8237 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Lovenz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 Years

Place of Death, {Give street and Number.} 76 E Lombard St

Cause of Death, First (Primary), Liver disease

Second (Immediate), Jaundice & diarrhoea

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 22nd A. Lundeen M. D.

Medical Attendant.

Undertaker Ch. Bagtell

Place of Business, 3 N. Frederick *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 10

Permit No. 82378 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 19th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Meyers Williams

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give street and number.} 125 Pearce Street

Cause of Death, First (Primary,) Pulmonary Phthisis.

Second (Immediate,) Tubercular Laryngitis - Asthenia

Duration of Last Sickness, 18 months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 21st 85

Undertaker, Matthew Cudogan

Place of Business, 227 Mulberry St.

Saml Johnston M. D.
Medical Attendant.

Address 801 N. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82379 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bartholomew Dinneen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Bank Messenger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 27 Years.

Place of Death, {Give Street and Number.} 46 Ryan Ct.

Cause of Death, First (Primary), ...

Second (Immediate), Embolism

Duration of Last Sickness, Eight weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Mar. 21st 85

Undertaker, Mathew Corrigan

Place of Business, 227 Mulberry St

H. Gilpin M. D.
Medical Attendant.

Address, 387 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore,

Permit No. 82380 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness; is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 16th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Dressell

~~Sex, Male~~ or Female, {Cross out the word not required, in this line.}

Age, 65 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 3 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 114 Hoare st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), 3 days.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 18th

Undertaker Frank Tuchton

Place of Business, 416 S. Paca St. *Address,* E. W. Dammey M. D. Medical Attendant. 85 Carlton st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82381 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, About March 19th "85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Foundling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, ~~About~~ Months, About 21 Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Was found in a trough on

Duration of Residence in the City of Baltimore, Davis St. bet. Pleas

Place of Death, {Give Street and Number.} ant & Saratoga by Off. Cole

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, March 20th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of ... this Certificate.

Health Department, City of Baltimore.

Permit No. 42382 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 20 1885

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate R. Nicholson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 20 — *Years,* 7 — *Months,* 19 — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Denton Md

Duration of Residence in the City of Baltimore, 5 yrs.

Place of Death, {Give Street and Number.} 108 Edmondson Ave;

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Lungs, 5 days,

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudoun Park

Date of Burial, March 22d 1885

Undertaker, Penny & Mitchell

Place of Business, 538 W. Fayette St

W. A. B. Dillman — M. D.
Medical Attendant.

Address, 46 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Certificate.

Health Department, City of Baltimore.

Permit No. 82383 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22 1885

CERTIFICATE OF DEATH.

Date of Death, March 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Maria Moore

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 63 N. Howard St.

Cause of Death, First (Primary), Senile debility of the body

Second (Immediate),

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Bates Cemetery

Date of Burial, Mar 22 1885

Undertaker, M. Clarke & Son.

Place of Business, 92 Sa

C. C. Lusk M. D.
Medical Attendant.

Address, 1 Balt. & Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

Permit No. 82384 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Jane Snow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 42d *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mechanicsville Pa

Duration of Residence in the City of Baltimore, Ley Mouth

Place of Death, {Give street and Number.} 22 Camden St.

Cause of Death, First (Primary), Acute Degeneration of Kidney

Second (Immediate), Uraemia

Duration of Last Sickness, Unknown, in attendance two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 22d 1883

Undertaker Hughes, Spence & Co

Place of Business, 60 E. Balto St

D. E. Lancy H. Barclay M. D.
Medical Attendant.

Address, 47 Cumberland

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians to ... ...rtificate

Board of Health, City of Baltimore,

Permit No. 82385 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Ryf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months.* 13 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Truck Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 41 Portland St

Cause of Death, First (Primary), ...

Second (Immediate). Typhoid Fever

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 21st 1883 Theodore Hoffa M. D.

Medical Attendant.

Undertaker Ernst Ehlemann

Place of Business, 187 Sharp St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82386 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wilhelmina Drexel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} Female

~~*Age,*~~ *Years,* *Months.* 2 4 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 213 Pierce St

Cause of Death, First (Primary), Convulsions

Second (Immediate), —

Duration of Last Sickness, about 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 22d 1885

Jas. E. Gibbons M. D.
Medical Attendant.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St *Address,* 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 82387

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT. B
MAR 21 1885
BALTIMORE MD

Date of Death, March 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Henderson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Ellwood Street

Cause of Death, First, (Primary.) Tuberculous Meningitis

Second, (Immediate.) Coma

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, March 21st 1885

Undertaker, F. Lewis Schaefer

Place of Business, 1024 Fremont

Anthony Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82388 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Cudden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Married

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland (County Tyrone)

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 406 Saratoga st

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, 4 months & two weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 22d 1885

Undertaker, H Lewis Sehaub

Place of Business, 109 N Fremont

Jas. E. Gibbons M. D.
Medical Attendant.

Address, 47 Edmondson ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 82389 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 20th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Leo~~ Geo. K. Power

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Stone cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltd

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 105 Penn St

Cause of Death, First (Primary), Pthysis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 22nd 1895

Undertaker, H. Lewis Schaefer

Place of Business, 1094 Fremont

J R Trimble M. D.
Medical Attendant.

Address, Mun 1072

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82390 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21/85 [illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shuck

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months.* 3 1/2 hours *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 167 So. Chester

Cause of Death, First (Primary), Atelectasis Pulmonary

Second (Immediate),

Duration of Last Sickness, Hours birth

All the above information should be furnished by the Physician.

Place of Burial, St Evangelical Cem

Date of Burial, March 21 85

Undertaker, H O Saunders & Son

Place of Business, 352 Canton

G L Curtis M. D.
Medical Attendant.

Address, 7 S. Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 82391 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAR 21 1885

Date of Death, 21st of March

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teppina Ponia

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, — *Years,* — *Months,* 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} W Pratt St. 285

Cause of Death, First (Primary), The child was born praematurely. It was about 6 months and a half of utero gestation.

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, W. Pratt Cemetery

Date of Burial, March 21st 85

Undertaker, F. A. Kershaw

Place of Business, Arlington *Address,* 205 W Lombard Street

L. F. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82392 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph F. Workhoven

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 4 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 25 Lafayette

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, March 22 83

Undertaker, Henry Sander & Son

Place of Business, 252 Canton Ave

E. Boylan M. D.
Medical Attendant.

Address, 5 E Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82393 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD

Date of Death, Thursday March 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Eugenia Davidson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 52 *Years,* 10 *Months.* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 E. Chase St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2½ years.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 22 1885

Undertaker, Wm. H. Buckman

Place of Business, 234 N. Gay St.

Wilmer Brinton M. D.
Medical Attendant.

Address, Chase St. & Forrest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82394 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 14 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Norman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 28 *Years,* — *Months,* — *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 127 E. Baltimore St.

Cause of Death, First (Primary), Typho-Malarial Fever + Rheumatism

Second (Immediate), Anemia.

Duration of Last Sickness, 10 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 21 85

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St

D. Steele M. D.
Medical Attendant.

Address, 1434 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82395

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tennis Furlong Jr

Sex, ~~Male or Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 3 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ____

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 196 S Spring

Cause of Death, First, (Primary,) Convulsions

Second, (Immediate,) ____

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemy

Date of Burial, March 21th 1885

Undertaker, Tyler Frey

Place of Business, 91 Eden do

D Hall Pudd M. D.
Medical Attendant.

Address, 18 D Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82396

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Fenlason

Sex, ~~Male,~~ or Female, {cross out the word not required in this line.} "

Age, 10 *Years,* 6 *Months,* 14 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.} Single

Occupation, School Girl

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} Patterson Park Ave

Cause of Death, First, (Primary,) Cerebral Congestion

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, March 22 1885 — C. Hale Ruell M. D.
Medical Attendant.

Undertaker, John Heneay

Place of Business, 282 Orleans St — *Address* 118 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Board of Health, City of Baltimore.

Permit No. 82397 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Franklin Conick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Two *Months,* Three *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} No 3 Harmony Lane Baltimore

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} Number 3 Harmony Lane

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, March 20 1885

Undertaker William Berger

Place of Business, 462 East St

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ...kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak..., or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, ... and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to use of Blanks on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82398 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Eckardt

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* 9 *Months,* 2 *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria (Germany) - 19 years

Duration of Residence in the City of Baltimore, 19 years.

Place of Death, {Give Street and Number.} No 35 N. Dallas

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, 21st of March /85

Undertaker, Henry Hofman

Place of Business, 63 S. Eden St

L. Offenhertz M. D.
Medical Attendant.

Address, 12 S. Eden.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Health Department, City of Baltimore.

Permit No. 82399 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch 20-85 3 30 a m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Fraley

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower. {Cross out the words not required in this line.} Single

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Mch 22 nd 85

Undertaker, G. France

Place of Business, Danks & Wolfe Sts *Address,* 188 N Calvert St City

Oscar J Ostheimer M. D.
Medical Attendant. L.V.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Health Department, City of Baltimore.

Permit No. 82400 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1885

CERTIFICATE OF DEATH.

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie H. Barth

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Two *Years,* Six *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 43 Parkins St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, March 22d 1885

Undertaker, Geo. Lemmon

Place of Business, 589 W. Pratt St

W. E. Phillips M. D.
Medical Attendant.

Address, 34 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 82401 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1885

Date of Death, March 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 1 *Days.*

Color, Colored

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 Wagon Alley

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 22nd 1885

Undertaker, Saml M. Chase

Place of Business, 198 S Howard St

J. W. S. Jordan M. D.,
Medical Attendant.

Address, 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 2 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82403

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 21 1895

CERTIFICATE OF DEATH.

Date of Death, March 20 — 1895

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Henry [redacted] Czerniss Esmund

Sex, Male ~~or Female~~, { cross out the word not required in this line. }

Age, 41 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Return Frame Maker

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Bohemia

Duration of Residence in the City of Baltimore, Several Years

Place of Death, { Give street and number } 215 Canton Av

Cause of Death, First, (Primary,) Suicide) By shooting himself in head

Second, (Immediate,) Compression of Brain

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, 21 March

Undertaker, Chas. L. Diffel

Place of Business, 151 Lee St Bond

Address, 108 Aisquith St

C. Hall Rutter [redacted] M. D.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 82403 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Marden

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} Male

Age, 45 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 128 E. Baltimore St.

Cause of Death,
First (Primary), Brights disease (Chronic)
Second (Immediate), Uraemic Coma

Duration of Last Sickness, 3 or 4 Years. Confined to house only 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 23/1885

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga St. *Address,* 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82404 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch 7th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. A. Kenny

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} Bellevue St. near Greenmount Ave

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, March 22 1885

Undertaker, James P Byrne

Place of Business, No 63 n Front St

J. H. Robinson M. D.
Medical Attendant.

Address, 251 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82405 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Frank Robinson

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 33 *Years,* —— *Months,* —— *Days,*

Color, Mulatto

Married, ~~Single,~~ ~~Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation Waiter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, { Give street and Number. } 27½ W. Biddle St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Under my care since Feb. 12/85

the above information should be furnished by the Physician.

Place of Burial, Thanksgiving

Date of Burial, March 22 1885

Undertaker Alf Hemsley

Place of Business 116 Orchard St

Geo C Shannon M. D.
Medical Attendant.

Address, 167 W. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention ... Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82406 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Mch 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Sourd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (3 1/2 yrs in America

Duration of Residence in the City of Baltimore, 3 1/2 yrs

Place of Death, {Give Street and Number.} 596 E. Monument St.

Cause of Death,
First (Primary), Acute Gastritis 2 d
Second (Immediate), Exhaustion from Vomiting

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 22 1885

Undertaker, Henry Hoeck

Place of Business, 809 N Central Ave

Oscar Lekarz M. D.
Medical Attendant.

Address, 688 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82407

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 22

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry Coats.

Sex, Male or Female, { cross out the word not required in this line. } ~~Female~~

Age, 18 *Years,* 6 *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Clerk.

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 30 Harrison St. - Phthisis Pulmonalis

Cause of Death, First, (Primary.) Exhaustion

Second, (Immediate.) Several months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Ch Cemetery

Date of Burial, March 22

Mount Hope M. D.

Medical Attendant.

Undertaker, Jacob Stevens

Place of Business, 2830 32 N Eut St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 4"

Permit No. 82408

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. 2

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Adams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 45 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Washing & Ironing

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Fourty Years

Place of Death, {Give street and number.} # 43 East

Cause of Death, First (Primary,) Fatty degeneration of the Heart

Second (Immediate,) Apoplexy Exhaustion

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 22. 1885

Undertaker, W W Madden

Place of Business, 46 East St

Sam J. Bell ..... M. D.
Medical Attendant.

Address # 1314 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 82409 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD MAR 22 1885

Date of Death, Mar. 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hodge

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 5 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 227 Chestnut alley

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, Mar. 23rd 1885

Undertaker, W. H. Krueger

Place of Business, East St

James A. Lewis M. D.
Medical Attendant.

Address, Bd. of Health & Physician

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82410 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 21st. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James T. Evans

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Steward

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 38 N. Pratt St.

Cause of Death, First (Primary), Asthenia

Second (Immediate), Typhoid fever

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, E. Balt. Cemetery

Date of Burial, March 24th '85

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* 1 1/2 S. Eutaw

J. M. P. Dale *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82411 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Ulm

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 34 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Marietta Pa

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 21 Clement st.

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, 8 months.

All the above information should be furnished by the Physician.

Place of Burial, Marietta Pa.

Date of Burial, March 23. 85

Undertaker, H Sandy & Son

Place of Business, 252 Canton Ave

P. G. Dauer M. D.
Medical Attendant.

Address, 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3628 Fawcett

[over.]

FORM No. 5.

No.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on the back of this Certificate.

CERTIFICATE OF DEATH.

82412 TO THE HEALTH OFFICER, DISTRICT OF COLUMBIA.

HEALTH DEPARTMENT, MAR 22 1885 BALTIMORE MD

Permit No.

Date of Death March 19 1885

Full Name of Deceased Mrs. Bridget Donnelly

Sex, Female

Age, 38 *Years* *Months,* *Days.*

Color, White

Married, ~~Single, Widow, or Widower,~~ [~~Cross out the words not required in this line.~~]

Occupation,

Birthplace, Ireland

Nativity of Father, *Nativity of Mother,* Ireland

~~Duration of Residence in the District of Columbia,~~

Place of Death, [Give Street and Number.] Cor Bath & Front St

Cause of Death, First, (Primary) Pneumonia

Duration,

Second, (Immediate)

Duration of Last Sickness,

All of the above information should be furnished by the Physician.
In case of death by zymotic disease, please state what, if any, local cause exists to produce the same

Place of Burial Cathedral Cemetery

Date of Burial March 23 1885 W. H. Geisking, M. D.

Undertaker, James S Byrne *Address,* 1226-9th St. N.W.

Place of Business, No 63 N Front

Extract from Regulations to secure a full and correct record of the Vital Statistics in the District of Columbia.

SECTION 4. That whenever any person shall die within the District of Columbia it shall be the duty of the physician attending such person during his or her last sickness, or of the Coroner of the District, when the case comes under his official notice, to furnish and deliver to the undertaker, or other person superintending the burial of said deceased person, a certificate, duly signed, setting forth, as far as the same may be ascertained, the name, age, color, sex, nativity, (giving State or county,) occupation, whether married or single, duration of residence in the District of Columbia, cause, date, and place of death, (giving street and number,) and duration of last sickness of such deceased person. And it shall be the duty of the undertaker, or other person in charge of the burial of such deceased person, to state in said certificate the date and place of burial, and, having signed the same, to forward it to the Registrar aforesaid within twenty four hours after such death: *Provided*, That in case of death from any infectious or contagious disease, said certificate shall be so made and forwarded within eight hours thereafter. [OVER.]

See following Certificate

The Special Attention of ... to the Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82412 *Office of Registrar of Vital Statistics.* Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Donnelly

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 38 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} # 141 Front Str.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 23rd 1885

Undertaker, James L Byrne

Place of Business, No 63 N Front St

S. H. Geeseking M. D.
Medical Attendant.

Address, 1226 9th Str. S. W. Washington D.C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Returns below, and to the List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82413 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Major Harrod

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md

Duration of Residence in the City of Baltimore, a few days.

Place of Death, {Give Street and Number.} 73 Chapel Alley Court

Cause of Death, First (Primary),

Second (Immediate), Bright's Disease of Kidneys (with Heart failure).

Duration of Last Sickness, Three months.

All the above information should be furnished by the Physician.

Place of Burial, Lemmel Cemetery

Date of Burial, March 22nd 85.

Undertaker, S J Lecky

Place of Business, #73 Jefferson

N. V. Gouveiler M. D.
Medical Attendant.

Address, 96 S. Ann St. City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8244/14 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 22 1895 BALTIMORE MD.

Date of Death, March 21st 2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Pattison

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 11 *Years,* *Months.* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 63 ~~South~~ John Street.

Cause of Death, First (Primary). Rheumatic Fever

Second (Immediate). Cardiac & Cerebral Rheumatism

Duration of Last Sickness, about 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, March 23/95

Patrick O'Donovan M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 W. Balto. *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Reverse Side, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82415 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Spangenberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 113 S. Vincent alley

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 8 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonses

Date of Burial, March 22 1885

Undertaker, S Hains

Place of Business, 317 Madison Ave *Address,* 317 N. Eutaw

A Lilly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore, 20th

Permit No. 82416

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PEABODY INSTITUTE
MAR 23 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dorsey Spurgeon

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 21 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ——

Occupation, ——

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} # 123 N Fulton Street

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} # 123 N Fulton street

Cause of Death First, (Primary,) Diphtheria

Second, (Immediate,) Asphexia

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, March 22nd 1885

Undertaker, D Ewing & Mitchell

Place of Business, 550 W Fayette

P. S. Field M. D.
Medical Attendant.

Address, 507 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82417 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 23 1885

Date of Death, March 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorei Rheinstein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} F

Age, 70 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 28 N Lombard St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), Paralysis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 23/8

Undertaker, C F Rau

Place of Business, 62½ W Balt St *Address,* 146 Hanover St

Edward Coe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82418 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella M. Doyle

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 53 N. Crane St

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, about 20 years

All the above information should be furnished by the Physician.

Place of Burial, old Cath Cemty

Date of Burial, March 23rd 1885

Undertaker, Jas H Byrne

Place of Business, 5 N Liberty St

J. H. Jenkins M. D.
Medical Attendant.

Address, 2 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82419 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret French

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Living life

Place of Death, {Give Street and Number.} 204 W. Fayette st.

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, March 23rd 1885

Undertaker, Sam'l W. Chase

Place of Business, 194 E. Howard st

R. H. Hall M. D.
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

11

Permit No. 82420 *Office of Registrar of Vital Statistics.* **Ward** ~~12~~ 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Spiers

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation Clerk.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death. {Give street and Number.} 138 Madison Ave.

Cause of Death. First (Primary). Cerebral Softening

Second (Immediate).

Duration of Last Sickness, about one year.

All the above information should be furnished by the Physician.

Place of Burial, Mt Emmanuel Cem

Date of Burial, March 24th 85

Undertaker Hollingsworth Bro

Place of Business, Park Wardrobe *Address,* 115 W. Monument St.

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Rule of Disinfection on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8242 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD MAR 23 1885

CERTIFICATE OF DEATH.

Date of Death, March 21 st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Maughlin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Driver of U S Mail wagon

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} City Hospital. Cor Donaldson & Calvert sts

Cause of Death, First (Primary), Fracture of Skull (Accidental)

Second (Immediate), Compression of Brain

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Com

Date of Burial, March 23 1885

Undertaker, John Henning

Place of Business, 382 Orleans St *Address,* [redacted] Aisquith St

E Hall Pullen M. D.

~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82422 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ora A. Keeling

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* 5 *Months.* 2 *Days*

Color, W

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 224 Lee St.

Cause of Death, First (Primary),

Second (Immediate), Hemorrhage of lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Mch 23/85

Undertaker, J. B Cook

Place of Business, 707 W. Balto St. *Address,* 167 Barre St.

J. Tyler Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82423 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD.

Date of Death, March 21-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Shouse Shouse

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~ Male

Age, 84 *Years,* 9 *Months,* 17 *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} Widower

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hagerstown Md.

Duration of Residence in the City of Baltimore, 50-60 Years

Place of Death, {Give Street and Number.} 169 Hoca St

Cause of Death, First (Primary), Cardiac Hypertrophy —

Second (Immediate) Suddenly with dyspnea & died within (10 minutes of seizure)

Duration of Last Sickness, 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, March 24/85

Undertaker, Wm G. Tickner

Place of Business, 65 S. Eutaw

W. F. Kent M. D.
Medical Attendant.

Address, 55 N. Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82424 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD.

Date of Death, March 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nora C. Walles

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 4 Months, 11 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 634 S. Charles St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions —

Duration of Last Sickness, few hours.

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, Mar 23rd 1885

Undertaker, C.F. Krause & Son

Place of Business, 209 Hanover St. *Address,* 152 Shaft St.

R. J. N. Tate M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84425 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 23 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mollie Ecker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 1 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 325 E. Chase St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23rd 1885

Undertaker, Wm. H. Eichman

Place of Business, 1234 Gay St.

Wilmer Smith, M. D.
Medical Attendant.

Address, 6 North St. Front Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82426 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 23 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 21 - 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Fannie Marshall

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Over 80 ?/ *Years,* — *Months,* — *Days.*

Color, Blk.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Many years.

Place of Death, { Give street and Number. } 1 Watts St.

Cause of Death, First (Primary). old age

Second (Immediate). Exhaustion

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23rd

Undertaker W. H. Bishop & Co

Place of Business, 77 Druid Hill Ave *Address,* 348 N. Eutaw St.

Wm E. Mosher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82427 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel M^c Carty

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 67 *Years,* 9 *Months,* 21 *Days,*

Color, W.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.} ✓

Occupation, Nun

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 202 Aisquith St

Cause of Death, First, (Primary,) Apoplexy

Second, (Immediate,)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial Friends Cemetery Harford Road

Date of Burial, March 24th

Undertaker, Geo Schilling

Place of Business, Ashland Square

H. L. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82428 *Office of Registrar of Vital Statistics.* Ward 18 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 21st 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma E. Hughes

Sex, ~~Male~~ *or Female,* { Cross out the word not required in this line. }

Age, 1 *Years,* 10 *Months.* *Days*

Color, Dark

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give Street and Number. } 32 Stockholm St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. cemetery

Date of Burial, Mar. 23d 1885

Undertaker, Wm. P. Dungee

Place of Business, 62 East St.

J. Tyler Smith M. D.
Medical Attendant.

Address, 167 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82429 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Simpson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Abt 70 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, About 40 Yrs

Place of Death, {Give Street and Number.} 205 S. Paca St

Cause of Death, First (Primary), Gen. debility

Second (Immediate), Gastritis

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 23 1885

Undertaker, James P Byrne

Place of Business, No 63 N Front St

I. A. Bell M. D.

~~Medical Attendant~~ Coroner

Address, 161 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of ... to the Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82430 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1883 BALTIMORE, MD.

Date of Death, Mar 21st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Mussman

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, *Years,* 4 *Months.* 2d *Days*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 4 Days

Place of Death, {Give Street and Number.} 42 Parkin Ave

Cause of Death, First (Primary), Erlands

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Da

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 23d 1883

Undertaker, Ernst Schlosser

Place of Business, 181 Shars *Address,* Edmondson Ave

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82431 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm K Guyton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 50 yrs —

Place of Death, {Give Street and Number.} 78 N Howard St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mar 24

Undertaker, C. H. Blizzard

Place of Business, 201 Pen ave

Wm Frick, M. D.
Medical Attendant.

Address, 186 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84432 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD.

Date of Death, March 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Flynn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 10 W. Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Patrick Cemetery

Date of Burial, March 23rd 1885

Undertaker, Daniel Flynn

Place of Business, 09 West St

D. L. Cahill M. D.
Medical Attendant.

Address, 811 Dolphin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82433 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 36 Steketees alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), —

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 23 1885

Undertaker, Wilson & Dungee

Place of Business, 62 East St

W. F. Hill M. D.
Medical Attendant.

Address, 23 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8424 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 19, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis M. Tilman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his life time

Place of Death, {Give Street and Number.} 260 Rhabourg ave

Cause of Death, First (Primary), Convulsions

Second (Immediate), exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 22 1885

Undertaker, William A. Dunges

Place of Business, 62 East Lee

W. A. Jones M. D.

Coroner ~~Medical Attendant~~.

Address, 326 Hollins st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84735 *Office of Registrar of Vital Statistics.* Ward 13 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MD. 84

CERTIFICATE OF DEATH.

Date of Death, March 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Harman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 2 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Four days

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Operation Lithalopaxy

Second (Immediate), Uraemia & Coma

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Charlottesville Va

Date of Burial, Mch. 24/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

F. Wash M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3630 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82436 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 23 1883

Date of Death, March 23 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Angelmier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mnower 7 night-soil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give Street and Number.} 35 N. Arlington ave

Cause of Death, First (Primary), Suddenly of

Second (Immediate), heart disease

Duration of Last Sickness, about 5 minutes

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, May 25/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 326 Hollins st

Wm A. Jones M. D.
Coroner
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82437 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD

Date of Death, March 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edith Baily

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 231 Edmondson

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, March 23/1885

Undertaker, Cumberland

Place of Business, 2 Eastlight

H W Webster M.D.,
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82438 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE MD. MAR 23 1885

Date of Death, March 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. McSorley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 41 *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Ship Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cumberland Md.

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 60 Medaria

Cause of Death, First (Primary), Consumption

Second (Immediate), Anemia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 24th 1885

Undertaker, Chas T Scriven

Place of Business, 271 N Eutaw St

G. L. Britton M. D.
Medical Attendant.

Address, 44 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82439 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years.* 3 *Months,* ~~—~~ *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~~———~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Hepatization - Exhaustion

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 24 85.

Undertaker, Wm Needles.

Place of Business, Bisin & Howard

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82440 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~1~~ *Years,* 3 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 24/85

Undertaker, Wm Medlo —

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians to Compliance with the Sections of Law printed on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82471 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the ~~Undertaker or other person superintending~~ the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 23 1885 BALTIMORE, MD

Date of Death, March 23 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellie Campbell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days,*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Most of her life.

Place of Death, {Give street and Number.} 255 Edmondson Ave.

Cause of Death, First, (Primary,)

Second, (Immediate,) Inflammation of Brain

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, March 25th 1885

J. W. C. Cuddy, M. D.,
Medical Attendant.

Undertaker, Lowry & Mitchell

Place of Business, 550 W Baltimore St. *Address,* 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82442 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Heinrich Mannel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 110 S. Durham St

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 24-1885

Undertaker, G. Francis

Place of Business,

James A. Steuart M. D.

Comm. of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Dunding Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82643 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 22" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berlie F Bennett.

Sex, Male or Female, {Cross out the word not required in this line.} Female,

Age, 4. *Years,* 11. *Months,* 20. *Days*

Color, White.

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} 160 Riggs Ave cor Fremont St.

Cause of Death, First (Primary), Brain Fever.

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, March 24th 1885

Undertaker, Denny & Mitchell

Place of Business, 230 W Fayette St

G. W. Norris, M. D.
Medical Attendant.

Address, 193 Preston

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82464 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

Date of Death, March 21-85- 6.00 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wilson Wayland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), asthenia

Duration of Last Sickness, 28 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, March 25/85

Undertaker, Geo. Rinehart

Place of Business, Forrest Place *Address,* U.S. Marine Hosp Service

F. W. Mead *M. D.*

Medical Attendant. U.S.M.H.S.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82445 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Key

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* — *Months,* — *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 48 South Washington St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Balto County

Date of Burial, March 26 1885

Undertaker, John Luke

Place of Business, 201 E. Balto St *Address,* [illegible] Balto St

Wm. H. Buxton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82446 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ruby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Four *Months.* Four *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25th Baltimore Ave

Cause of Death, First (Primary), Exposure

Second (Immediate), Pneumonia

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Carroll County Maryland

Date of Burial, March 24

Undertaker, B. Hurle

Place of Business, 62 West 7th *Address,* 311 N Lombard St

B. F. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3632 Frankel

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82447 *Office of Registrar of Vital Statistics.* Ward 9 (7)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

8

CERTIFICATE OF DEATH.

Date of Death, ~~Patrick Henry Phelan~~ March 23d 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Patrick Henry Phelan

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days,*

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Bookkeeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death. {Give street and Number.} 97 St. Paul st.

Cause of Death. First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, Mch 25th 1885

Undertaker Wagaman & Son

Place of Business, Park & Saratoga Sts

C. O'Donovan M. D.
Medical Attendant.

Address, 115 W. Monument st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8248 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caurin Segura

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 83 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.} W

Occupation, No

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 11 21st St Pauls

Cause of Death, First (Primary), ...

Second (Immediate), Decay of nature

Duration of Last Sickness, Just a few hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 26th 1885

Undertaker, Wm Frank & Son

Place of Business, Park & Saratoga Sts

..... *M. D.*
Medical Attendant.

Address, 25 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8249 *Office of Vital Statistics.* **Ward** 5 4/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Allnisi

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 31 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 267 W Gay St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae cemetery

Date of Burial, March 24 1885

Undertaker, James S Bayne

Place of Business, No 63 N Front St

D W Cathell M. D.
Medical Attendant.

Address, 2 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Permit No. 82458

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

8 (1)

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Monday March 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Idy Kate Sullivan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 16 *Years,* 5 *Months,* 4 *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Single

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland (16 yrs)

Duration of Residence in the City of Baltimore, 16 yrs 5 mos 4 days

Place of Death, {Give street and number.} Busey St (67) Balto City

Cause of Death, First, (Primary.) Heart disease

Second, (Immediate.) Oedema of lungs

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral cemetery.

Date of Burial, March 25. 1885

Undertaker, James P. Byrne

Place of Business, 63 W. Front St

Wm Osborne M.D.,

Medical Attendant.

Address, 286 Madison

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82451 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 23, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Riggs

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months.* — *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 40 Tyson St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, March 26/85

Undertaker, Morgan & Pye

Place of Business, 9 Mulberry St

W. H. Stewart M. D.
Medical Attendant.

Address, 335 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84452 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible, for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, ~~May~~ March 23 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Shrantz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 9 *Years,* ..... *Months.* ..... *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 1414-N Stricker St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemy

Date of Burial, March 25th 1885

Undertaker, Walter Simmel

Place of Business, W. Biddle St *Address,* .....

H. J. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 8 24 53

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8 24 53 *Office of Registrar of Vital Statistics.* **Ward** 15-a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Hopkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 2 Weeks

Place of Death, {Give street and Number.} 1145 Eutaw St

Cause of Death, First (Primary), Exhaustion

Second (Immediate). Bronchs Pneumonia

Duration of Last Sickness, 1 day

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, March 25/85

Undertaker Armstrong & Sons

Place of Business, 26 & 28 Light

Geo. H. Lamb M. D.
Medical Attendant.

Address, 1145 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 82454

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82454 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Westphal

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 11 *Months.* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} No 84 Gough st.

Cause of Death, First (Primary), R

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, I Peters

Date of Burial, March 24

Undertaker, Wm Hill Dyer

Place of Business,

L O Brimmitt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No 82455

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82455 *Office of Registrar of Vital Statistics.* **Ward** 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John T. Dasser

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 53 *Years,* — *Months,* — *Days,* ✓

Color, White

~~Married~~ *Single,* ~~Widow or Widower~~ { Cross out the word not required in this line. }

Occupation Farmer formerly

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Penn Grey Co = Md

Duration of Residence in the City of Baltimore, Since Born

Place of Death, { Give street and Number. } Mrs L Sims, 2 Fremont Ave

Cause of Death, First (Primary), Paralysis

Second (Immediate), Marasmus

Duration of Last Sickness, —

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 25 '85

Undertaker H. A. Poiger

Place of Business, 74 S Bway

H. Hann M. D.
Medical Attendant.

Address, Mrs L Sims, 2 Fremont Ave
Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82456 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ed. Sinderhauf

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ... *Months,* ... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} " Balto

Duration of Residence in the City of Baltimore, " "

Place of Death, {Give Street and Number.} 64 N. Paca between

Cause of Death, First (Primary), Pulmonary Oedema

Second (Immediate), Apnoea

Duration of Last Sickness, Few days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, March 25th 1885

Undertaker, M. F. Dwyer

Place of Business, 74 S. Bway

G. L. Winkler M. D.
Medical Attendant.

Address, 74 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82457 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza J Kenny

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 113 Green Mt Ave

Cause of Death, First (Primary), Paralysis of Heart

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, Mar 26 th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Guilford Ave

C Hall Cullen M. D.

~~Medical Attendant.~~ Coron

Address, 108 Division St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82458

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa H. Woolridge

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 23 *Days.*

Color, White *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number.} 61 John St.

Cause of Death, First (Primary,) Scarlet fever.

Second (Immediate,) Diphtheria

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 26th 1885

W. T. Howard M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 85 Park Ave.

Address 181 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

82459

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82459 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 20 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Andrew Dryden

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, ... *Years,* 3 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 235 Mc Culloh

Cause of Death, First, (Primary,) Infantile Dysentery

Second, (Immediate,) Convulsions

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, Mch 25th 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

F. E. Chataud Jr M. D.,
Medical Attendant.

Address, 114 East ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 82460

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82460 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 23th March 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Smovolevsky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~; {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} From Prussia, Germany 4 years'

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} S. Amstead 229

Cause of Death, First (Primary), Dilatatio Cordis'

Second (Immediate), Apoplexia

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Agnes Cem'y

Date of Burial, March 24 1895

Undertaker, F. Lorch & Co

Place of Business, 215 S. John St

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe Stand-Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 82461

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82461 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Gray

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 114 N Gay

Cause of Death, First (Primary), Meningitis,

Second (Immediate), Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 25 1885

Undertaker, John Eyfat Son

Place of Business,

Geo. L. Ryan M. D.
Medical Attendant.

Address, 114 N Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 021-62

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82162 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wm. Dane. Baben (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 18 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 402 S. Charles St

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 24-1885

Undertaker, H. C. Ross

Place of Business, Conway St

James A. Steuart M. D.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John. E. Dunning - Inspector

No 82463

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82463 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ewing

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 43 *Years,* 8 *Months.* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Workingman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 227 Light St

Cause of Death, First (Primary), Suicide by hanging

Second (Immediate), " " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 24th 1885

Undertaker, Geo Leimbach

Place of Business, 587 W. Pratt St

Daniel Steele M. D.

Medical Attendant.

Coroner

Address, 101 Davis St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

82464

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82464 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mch. 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Evas Goss

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months.* *Days*

Color, Bck

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore. 1 & since birth

Place of Death, {Give Street and Number.} 167 S. Howard st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Mar 24 1865

Undertaker, Geo Perkins

Place of Business, 221 Hanover st

Wm P. Ellis M. D.
Medical Attendant.

Address, 3 & 3 Lights

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82165 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winnie Hartnett

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, about 30 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 1 Year

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Injury to Knee joint

Second (Immediate), Asthenia & Hyaemia

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Saint Patrick

Date of Burial, March 24th

Undertaker, Daniel Flynn

Place of Business, 10 & 12 West St

FWEST M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

82466

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82466 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 24 1885 BALTIMORE MD

Date of Death, March 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Fernstrupp

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 43 *Years,* 9 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigarmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (14 years)

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give Street and Number.} 102 Eagle St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Oedema of Lungs.

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th

Undertaker, Henry Brieler

Place of Business, Hearsetts 81

D. H. Gamble M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

82467

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82467 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 24 1885

Date of Death, March 22 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis James Seymour

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 7 *Months,* 17 *Days*

Color, Negro

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 19 Shuke St.

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24th 1885

Undertaker, Thos J Locke

Place of Business, 73 Jefferson St

J B Schuster M. D.
Medical Attendant.

Address, 293 W Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 02468

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82468 *Office of Registrar of Vital Statistics.* **Ward** 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 24 1885

CERTIFICATE OF DEATH.

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Ingham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months.* 22 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give Street and Number.} 161 Hughes St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia (Typhoid)

Duration of Last Sickness, 5 days 12 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant

Date of Burial, March 25th 1885

Undertaker, John S. Mackie

Place of Business, 161 Hanover St

Medical Attendant. Richard Cox M. D.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits for ... No. 82469

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82469 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 21 1885 BALTIMORE

Date of Death, March 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis A. Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 8 *Months,* ~~~ *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~

Occupation, ~~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 611 N. Eutaw St

Cause of Death, First, (Primary,) ...

Second, (Immediate,) Consumption

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, March 22nd 85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St.

J. Z. Stevens M. D.,
Medical Attendant.

Address, 1 Dugan Pl

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 2470

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82470 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Daniel

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 61 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Yeare

Place of Death, {Give Street and Number.} 774 N. Pratt st

Cause of Death, First (Primary), Phthisis pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Waters Cem

Date of Burial, March 25th 1885

Undertaker, F. Lewis Schafer

Place of Business, 1094 Fremont Address, 166 S. Paca st

C. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...City of Baltimore will make returns of all 82471

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82471 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes [illegible] Gallagher

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give Street and Number.} 9 Hawk [illegible]

Cause of Death, First (Primary), ...

Second (Immediate) Convulsions

Duration of Last Sickness, ~~12 hours~~ ~~12 hours~~ (12 hours)

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cimetary

Date of Burial, March 24th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount Ave *Address,* 171 N Columbus Ave

Geo. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

B5 ...City of Baltimore... of all ...82472

Office where

The Special Attention of Physicians is Respectfully Invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82472 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

MAR 25 1885

Date of Death, March 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leucena Miller

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* —— *Months,* —— *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 119 S. Bethel St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Phthisis

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24th 1885

Undertaker, Chas. F. Tacks

Place of Business, 73 Jefferson St.

Wm. H. Norris M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Undertakers in City of Baltimore will make returns of all 82473

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82473 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annette Ebb

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 7 *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 5-9 Richmond St

Duration of Residence in the City of Baltimore, a Whole life

Place of Death, { Give street and Number. } 62 Richmond St.

Cause of Death, First, (Primary,) Consumption.

Second, (Immediate,)

Duration of Last Sickness, I dont Know. I only saw her the night she died.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25 1885

Undertaker, S W Chase

Place of Business, 198 S Howard

M. D. Booker M. D.,
Medical Attendant.

Address, 157 Park Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...of Diseases Back of this Certificate.

Board of Health, City of Baltimore,

(10

Permit No. 82474

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAR 25 1885 BALTIMORE

Date of Death, Mch 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A Butler

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* 17 *Months,* 7 *Days.*

Color, Col

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 62 Myrtle ave

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Apnea

Duration of last Sickness, About 7 days

All the above information should be furnished by the Physician.

Place of Burial, Shoofly Cemetery

Date of Burial, March 25 1885

Undertaker, B H Chase

Place of Business, 198 S Howard st

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

82475

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82475

Office of Registrar of Vital Statistics. 11 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Tobler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and number.} 92 Tyson

Cause of Death, First, (Primary.)

Second, (Immediate.) Apoplexy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, Mar 25 1885

Undertaker, R. H. Kennedy

Place of Business, 116 Orchard st

C. B. Gamble M.D.,
Medical Attendant.

Address, 5-9 Caldwell

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...ns of all 82476

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82476 *Office of Registrar of Vital Statistics.* **Ward** 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24 to 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Sauer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 60 S Register St

Cause of Death, First (Primary), ...

Second (Immediate), Premature — Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 25th 1885

Undertaker, W Diffle

Place of Business, 8 Bond St

James A Clary M. D.

Medical Attendant.

Address, Cor 76 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians in City of Baltimore will make returns of all } 82477

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82477 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Sander
Sander

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 164 S Sharp

Cause of Death, First (Primary), Abscess of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 27th 1885

Undertaker, Ernest Schloman

Place of Business, 18 Sharp St *Address,* Lyt & Belmont

J Hutton M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...f Baltimore will ma... ...all 82478

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82478 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse Wells

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prince G. County Md

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give Street and Number.} 276 Preston St

Cause of Death, First (Primary),

Second (Immediate), Meningitis Tuberculus

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Brandywine Prince George Co. Md

Date of Burial, March 26th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 1894 Pennsylvania Ave

Edward Cotter M. D.
Medical Attendant.

Address, 1416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3634 Pennsylvania

82479

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82479 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin J. Bullock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months.* ~~Days~~

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 132 Fairmount ave

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, March 25, 1885

Undertaker, Henry Hofmeister

Place of Business, 5 N. Central Ave

R. W. Mansfield M. D.
Medical Attendant.

Address, 20 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will ... of all ... 82480

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82480 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhard Wild

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 20 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} Rear 498 Penna Ave

Cause of Death, First (Primary), Hydrocephaloid / dropsy of the brain

Second (Immediate), Exhaustion

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th 1886

Undertaker, Walter Emmel.

Place of Business, 315 W. Biddle St *Address,*

J. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

copers of Cemeteries in Ci... ...nor... ...all 82481

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82481 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Batchelor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 98 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 95 Orleans St.

Cause of Death, First (Primary), Diarhae

Second (Immediate), Old age

Duration of Last Sickness, about one week.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, March 25th 1885 Francis A. Sauer M. D.

Undertaker, [illegible] Medical Attendant.

Place of Business, [illegible] *Address,* 105 W. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. 82482

Health Department, City of Baltimore.

Permit No. 82482 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 23d of March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Vollers

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 39 *Years,* 11 *Months.* 23 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Beverstedt - Hannover - Germany

Duration of Residence in the City of Baltimore. 18 years

Place of Death, {Give Street and Number.} West Fayette Street 347

Cause of Death, First (Primary), Haemorrhage from the Stomach

Second (Immediate), Peritonitis

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 March 1885

Undertaker, Geo Leimbach

Place of Business, W. Fayette Street

L. J. Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

City of Ba[illegible] will make returns of all 82483

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82483 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Sweeney

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Don't Know

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Don't Know

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Municipality Hospital

Cause of Death, First (Primary), Suicide from Stabbed

Second (Immediate), wound over region of heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, March 26th 1885

Undertaker, John N. McCoy

Place of Business, 22 N. Fayette St

W. A. Jamison M. D.
Medical Attendant.

Address, 920 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3635 Transit

Keepers of Cemeteries in City of Baltimore will make returns of all No. 82484

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82484 *Office of Registrar of Vital Statistics.* **Ward** 1 11 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Tuesday night March 24th 1886

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Toadendoll

Sex, Male or ~~Female~~. {Cross out the word not required in this line.} Male

Age. 36 *Years,* —— *Months.* —— *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower {Cross out the word not required in this line.} Married

Occupation Stove fitter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Albany N.Y

Duration of Residence in the City of Baltimore, 8 years

Place of Death. {Give street and Number.} 108 Hair St.

Cause of Death.
First (Primary), Colic from obstruction of the sceum of colon
Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 2 month & 26 days

All the above information should be furnished by the Physician.

Place of Burial, Bolto Cemetery

Date of Burial, March 26th 1886

Undertaker Denny & Mitchell

Place of Business, 65 S Broadway *Address,* 280 Donnell St

J E Pritchard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...eries in City of Baltimore will make returns of all

No. 82485

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 15?

Permit No. 82485 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Salvatage

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 10 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 11 Johnson St.

Cause of Death, First (Primary), Burns

Second (Immediate), Asthenia. 3 days.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Ft Hoffman Cemetery

Date of Burial, March 25th

Undertaker, Bernard Mack

Place of Business, 82 West St.

C. S. Booze M.D.
Medical Attendant.

Address, 210 Shapley

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, the cause and date of death.

No. 82486

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82486 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred C Maxa

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* five minutes *~~Days~~,*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 183 Hanover

Cause of Death, First, (Primary,) Severity of Labor.

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Westview Cem

Date of Burial, March 25th 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Ostrom

Geo A Gause M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

... Baltimore will make returns of all ... 8248-7

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8248-7 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth Johnston

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* —— *Months,* —— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgia

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} Cr Lombard & Maryland Avenue

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above Information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown Md

Date of Burial, March 26th 1885

Undertaker, Hoffmeister Wm

Place of Business, Park & Saratoga Sts

Thomas Shearer M. D.
Medical Attendant.

Address, No 97 W. Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SAFETY FILM

Keepers of Cemeteries ...

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate. No. 82488

Board of Health, City of Baltimore,

Permit No. 82488 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

BUREAU OF VITAL STATISTICS MAR 25 1885 BALTIMORE, MD.

Date of Death, March 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Austin,

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life time.

Place of Death, {Give street and Number.} 113 Stirling Street.

Cause of Death, First, (Primary,) obstinat constipation

Second, (Immediate,) Convultions and Exhaustion

Duration of Last Sickness, about four days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 25 1885

Undertaker, [illegible]

Place of Business, 46 East St.

J E Heard M. D.,

Medical Attendant.

Address, 216 E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

82489

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82489 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 25 1885

CERTIFICATE OF DEATH.

Date of Death, March 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie Finnegan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 2 *Months.* 21 *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 613 Bruce St

Cause of Death, First (Primary), Inflamation

Second (Immediate), Ingestion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 25 85

Undertaker, W. J. Gray

Place of Business, Marlboro St

James A Steuart M.D.

~~Medical Attendant~~ Coroner

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Geo E Brown Inspector

No. 82490

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82490 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 22d 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Linnetta Bowden

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 2 *Years,* 10 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Child

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Daughter

Place of Death, { Give street and Number. } 9 Jefferson n Lex

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, March 27 1885

Undertaker Wiliam L Dugee

Place of Business, 62 East St

Wingfield Winsey M. D.
Medical Attendant.

Address, 116 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.

[illegible] Cemetery No. 82491

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82491 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 25 1885

CERTIFICATE OF DEATH.

Date of Death, March 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Ford

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* 1 *Months.* *Days*

Color, Colored

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Born in Color~~ Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 130 N Eden Street

Cause of Death, First (Primary), Pulmonary Disease of Heart

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lemuel Cemetery

Date of Burial, March 27 1885

Undertaker, William H Dugan

Place of Business, 62 East St

S Hall Pollitt M. D.

~~Medical Attendant.~~ Coroner

Address, 80 Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

[illegible] of Cemeteries in City [illegible] ke returns of all

No. 82492

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82492 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 25 1883

CERTIFICATE OF DEATH.

Date of Death, March 22 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dutton

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* — *Months,* — *Days,*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Washing

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Sykesville Md

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} No 77 Harmon Lane

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 24 1883

Undertaker, William A Engee

Place of Business, 62 East St

B. A. Hahn M. D.,
Medical Attendant.

Address, 76 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of C... ...ltimore will make returns of all 82493

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82493 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Costello

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore. 30 Years

Place of Death, {Give Street and Number.} 218 Hudson

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Texas Valley Co.

Date of Burial, March 26th 85

Undertaker, G. France

Place of Business, Bank & Wolfe

E. J. Lanning M. D.
Medical Attendant

Address, 53 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3637 Frankel

[OVER.]

[illegible] of Commissioners, City of Baltimore will make returns [illegible] 24794

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 824794 *Office of Registrar of Vital Statistics.* **Ward** 25 11/21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 24 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August F. Boorman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 5 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 15-9 East -H

Cause of Death, First (Primary), Meningitis

Second (Immediate), Asthenia

Duration of Last Sickness, 15 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 26th, 1885

Undertaker, C. L. Weber

Place of Business, 60 Fremont St.

H. Stull M. D.
Medical Attendant.

Address, 14 3/4 E. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...City of Baltimore will make returns of all ... 82495

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82495 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Smith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Sixty *Years,* ..... *Months.* ..... *Days*

Color, Negro

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give Street and Number.} 12 Lester's Ct

Cause of Death, First (Primary), Emphysema & Heart Disease

Second (Immediate), ...

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Center

Date of Burial March 25 1885

Undertaker, Mercer & Ran

Place of Business, 95 Lou West

Patient rec'd treatment at Poly clinic Disp. The above is taken from the record

M. D.

Medical Attendant.

Address, 112 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keeper of [illegible] City of Baltimore will make returns of all

No. 82496

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

4

Permit No. 82496 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Kramer

Sex, Male or Female, {Cross out the word not required in this line.} Male / Female

Age, Years, 5 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 5 Months

Place of Death, {Give Street and Number.} 159 Eby St

Cause of Death, First (Primary),

Second (Immediate), Tuberculosis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cl

Date of Burial, March 25 1885

Undertaker, Henry Coeda

Place of Business, 309 W Lexington St *Address,* Eutaw St

O'Mahon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

Cemeteries in the City of Baltimore will make returns of all 82497

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82497 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 25/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andy.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months.* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Hepatization —

Duration of Last Sickness, 12 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 26/85

Undertaker, Victor Needles

Place of Business, Sinsin & Forsand

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av, & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

s of all No. 82498

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82498 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 26/85 —

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael —

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* — *Days*

Color, White —

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} St. vincent's Infant asylum.

Cause of Death, First (Primary), General Scrofula —

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 months —

All the above information should be furnished by the Physician.

Place of Burial, Bruns Bae —

Date of Burial, March 26/85 —

Undertaker, Wm Needles

Place of Business, Sivsin & Hunsard, *Address,* Harlem Av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

... of Baltimore will make returns of all

No. 82499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82197 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 24 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Charles Irvin Mason

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, — *Years,* 9 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, { Give street and Number. } 202 S Paca St

Cause of Death, First (Primary), Catarrhal Pneumonia + diarrhea

Second (Immediate), asthenia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, March 26/85

Geo R Graham M. D.
Medical Attendant.

Undertaker J. B. Cook

Place of Business, 707 E. Balto St *Address,* 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 82500

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82500 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rhjetta Schafer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* 8 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 12 Prince St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, I do not know: she was seen by me only once, and just before death.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, March 26th 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 14th Lairaud

S. L. Chew M D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13

Permit No. 82501

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

MAR 26 1885

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Clifton Hammett

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ____ *Years,* 18 *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 34 N. ~~Stricker~~ Schroder St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) Coma

Duration of last Sickness, About 2 weks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, Mch 26/85

Henry Chandlee M. D.
Medical Attendant.

Undertaker, C. B. Cook

Place of Business, 707 W Balto St *Address,* 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8250 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March. 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hebron

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 14 *Years,* — *Months,* — *Days*

Color, (Col'd)

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, House-Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} N. Gay or. Greenwood Park

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about 6 months.

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, March 25th 1885 John R. Lowman M. D.
Medical Attendant.

Undertaker, Geo. Rinehart

Place of Business, Forest Place Address, 238 E. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82503 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Sweeny

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, I dont know

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Irlande

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Ins^t of the Little Sisters of the Poor.

Cause of Death, First (Primary), Age & infirmity

Second (Immediate),

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, S^t Peter Cemetery

Date of Burial, March 27

Undertaker, J B Cotham

Place of Business, 211 E Lombard

Jno. Brooke Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8204

Office of Registrar of Vital Statistics.

Ward 5 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR OF RECORDS
MAR 26 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. V. Linhard Edward

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~ ~~or Widower~~

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore. —

Place of Death, {Give Street and Number.} 139. N. Gay

Cause of Death, First (Primary), Laryngeal Consumption

Second (Immediate), ...

Duration of Last Sickness, ~~Three Months~~ —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 27 1885

Undertaker, Henry Hoen

Place of Business, 309 N Eutaw St

Edw F. Linhard M. D.
Medical Attendant.

Address, 283 N Lombard
All testing Stable

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82504 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} E. J. Linhard Edward

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 139. N. Gay

Cause of Death, First (Primary), Laryngeal Consumption

Second (Immediate), ...

Duration of Last Sickness, ~~Three years~~ —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 27th 1885

Undertaker, Henry Hoen

Place of Business, 309 N Gilmor St

Edw F. Mitchell M. D.
Medical Attendant.

Address, 283. N Lanvale

see footing Cert.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8250 cf *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward L. Linhart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Musician

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 139 N. Gay

Cause of Death, First (Primary), Lung gral Consumption

Second (Immediate),

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 27th 1885

Undertaker, Henry Hancke

Place of Business, 369 N Eutaw st

Edw'd F. Michaelis M. D.
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8505 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelheid Pabst

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months.~~ 20 Days

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 139 Henrietta St.

Cause of Death, First (Primary), Erisypelas.

Second (Immediate), Asthenia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 26

Wm Gruebel M. D.
Medical Attendant.

Undertaker, Henrietta St

Place of Business, Henry Birdsall *Address,* 170 W. Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER

Permits &

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C

Board of Health, City of Baltimore.

Permit No. 82506 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *privately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Winters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 17 *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 17 days

Place of Death, {Give street and Number.} 325½ Penna. Ave.

Cause of Death, First (Primary). Cerebral Meningitis

Second (Immediate). " "

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, mar 26

J. H. Christian M. D.
Medical Attendant.

Undertaker J E Mongly

Place of Business, 298 Penna Ave *Residence,* 606 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 82507

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82507 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 26 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anestina Asbeck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give Street and Number.} 346 Penna Ave

Cause of Death, First (Primary), Traumatic Erysipelas,

Second (Immediate), Exhaustion.

Duration of Last Sickness, 12 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 27th

Undertaker, Adam Rehde

Place of Business, 48 Lexington St

S. Ricker M. D.
Medical Attendant.

Address, 515 Penna Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 82508 *Office of Registrar of Vital Statistics.* Ward 10 11/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Cassady

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days*

Color, ...

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 37 Pearl St.

Cause of Death, First (Primary), old age

Second (Immediate), Bronchitis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Mch 27/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St / *Address,* 25 Mad Ave

J. M. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82509 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD. MAR 26 1885

CERTIFICATE OF DEATH.

Date of Death, March 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brick Finisher

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 21 Harrison St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27th 1885

Undertaker, Henry W. Means

Place of Business, 445 N. Gay St *Address,*

Chas B. Layne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82510

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stanley Hyde.

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 6 Mo Years, [illegible] Months, Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 138 Park Ave

First, (Primary,) Brain Disease

Cause of Death, Second, (Immediate,) Exhaustion

Duration of last Sickness, One Month.

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, March 27th 1885

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,*

Thos. H. Hyde M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

{OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82541 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1885

CERTIFICATE OF DEATH.

Date of Death, March 26th, 9:45 a. m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza Keeler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 42 *Years,* 8 *Months,* 5 *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto., City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} W. 117 Parkin St.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, March 28th 1885

Undertaker, H. McLennan & Son

Place of Business, 782 W. Baltimore *Address,* Cor. Columbia Ave & Front St

Wm. Kolderdie, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 82512 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BEARING BOARD OF HEALTH MAR 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. H. Hopkins

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} No 112 N Dallas st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, March 26th 1885

Undertaker, W. N. Dungee

Place of Business, 62 East st

James A Steuart M. D.
Medical Attendant.

Address, Cor Mt & E

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKeown Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 8 2 3 7 3 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

Date of Death, March 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hiriah Kelley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} American

Duration of Residence in the City of Baltimore, always lived here

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First (Primary), Fracture of Bones of Leg

Second (Immediate), Exhaustion

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Odd Fellows Cemetery

Date of Burial, March 27/85

Undertaker Chas. T. Stevens

Place of Business, 271 N. Eutaw

Frank E. Bressler M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back o[illegible]

Health Department, City of Baltimore.

Permit No. 82514 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth a. Harris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 84 Maryland ave

Cause of Death, First (Primary), Hemorrhage of the Stomach

Second (Immediate), Abdominal Dropsy

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28/85

Undertaker, Chas. T. Scriven

Place of Business, 27 N. Eutaw

C. Fawcett M. D.
Medical Attendant.

Address, 92 Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82576 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 24. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months.* 10 *Days*

Color, Ed

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 88 St. Mary's Ct.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Interment Cemetery

Date of Burial, March 26 1885

Undertaker, William Berger

Place of Business, 162 East St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Green Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82516 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~3~~ 4 *Years,* 1 *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 252 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 28

Undertaker, B Hook

Place of Business, 82 West St.

Edward Cook M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 82577 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or at the time requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 25th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Sweetman

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 52 *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and Number.} 52 Harford Ave.

Cause of Death, First (Primary).

Second (Immediate). Medullary Cancer of Breast

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Vincents Cemetery

Date of Burial, March 27th 85

Undertaker H. C. Neufeld

Place of Business, 70 Gilmore St.

Jas Bruce Boyle M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82518 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 26 1885

CERTIFICATE OF DEATH.

Date of Death, Mar 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Phelan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 272 S. Broadway

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Congestion of Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, March 28th 1885

Undertaker, M. Lecarte & Sons

Place of Business, 92 S. Amm St

John F. Mumma M. D.
Medical Attendant.

Address, S. W. Calvert & Pleasant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 82519 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Fahey

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, Years, ... Months, 3/4 hour ~~Days~~,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } B.C.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 52 N. Amity or Hamilton

Cause of Death, First, (Primary,) ...

Second, (Immediate,) ...

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar. 26/85

Undertaker Jno. Cadogan

Place of Business, 227 Mulberry

Stanley Hall M. D., Medical Attendant.

Address, 116 Edmondson Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82520 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 27 1885

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Henry Dockins

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* 11 *Months,* 26 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 13 Mc Culloh St

Cause of Death, First (Primary), Acute Catarrh (Bronchial)

Second (Immediate),

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~New~~ Asbury & Cemetery

Date of Burial, Mar 27 1885

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St *Address,* 21 Bruce

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 8253 / *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 25th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Diana Osgood

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days,*

Color, Colored

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the word not required in this line.}

Occupation House wife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 255 Preston St.

Cause of Death, First (Primary), Old age

Second (Immediate), Asthenia

Duration of Last Sickness, 6 weeks

The above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Mar 27 1885

J. H. Miller M. D.
Medical Attendant.

Undertaker A C Hennessy

Place of Business 116 Orchard St *Address,* 188 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 82522 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Mitchell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 136 Short St.

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, March 27th 85

Undertaker, W. H. Dungen

Place of Business,

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Cor Hanover & Ramsay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas C. Fitzpatrick, Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 82523 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 25-85-- 6.00 P.m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Horace Kellam

~~Sex~~, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, 20 *Years,* ..... *Months.* ..... *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Seaman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Cerebro Spinal Menin(G)

Second (Immediate), Coma

Duration of Last Sickness, 5 wks

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, Mch 27th/85 F W Mead

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* N. S. Main Hugo Sine

Medical Attendant, E. H. ..... M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82524 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adela Lusby.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months.* *Days*

Color, White.

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} ✓

Occupation, Child.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} Balto. Orphan Asylum.

Cause of Death, First (Primary), Insufficiency Mitral Valves.

Second (Immediate),

Duration of Last Sickness, 6 days.

All the above information should be furnished by the Physician.

Place of Burial, Int Oliver Cem

Date of Burial, Mch 28th 1885

Undertaker, Nelson Lyons & Sons

Place of Business, 1101 Hanover St. *Address,*

[signature], *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 82525 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD MAR 27 1885

CERTIFICATE OF DEATH.

Date of Death, March 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Balwina Szczepanak

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} 11 Hall St

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Limits

Date of Burial, March 27 1885

Undertaker, F. Crook & Co

Place of Business, 24 S. Eutaw St

John H. Kellogg M. D.
Medical Attendant.

Address, 24 B Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, And to List of Diseases on ...

Board of Health, City of Baltimore,

Permit No. 82526 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John J. Brazden

Sex, Male ~~or Female~~, { Cross out the word not required in this line. } —

Age, 55 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or~~ Widower, { Cross out the word not required in this line. } "

Occupation, Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } No 1 S. Carey St.

Cause of Death, First, (Primary,) Injury

Second, (Immediate,) Destructive inflammation of right leg. 3 months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 27/85

Undertaker, Chas. L. Scriven

Place of Business, 271 N. Eutaw

Edwd A. Harris M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 82527 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED MAR 27 1885

CERTIFICATE OF DEATH.

Date of Death, March 25th 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Lorentz D. Mosser.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 77 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Watchmaker.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, { Give street and Number. } 258 Light St.

Cause of Death, First (Primary), Asthma, Organic Valvular

Second (Immediate) Disease of the Heart.

Duration of Last Sickness, Abt. 3 months 13 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 27/85

Undertaker J. B. Cook

Place of Business, 707 Pratt

John L. Ritzer M. D.
Medical Attendant.

Address, 258 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82528 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence W Wilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 11 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 130 Ramsay St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 28 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Jno D J Blake M. D.
Medical Attendant.

Address, 1518 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82529 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th, 7:55 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Louisa Hale

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, — 28 — *Years,* — 6 — *Months,* — 2 — *Days*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} No. 58 Camden St.

Cause of Death, First (Primary), Inflammation of Womb.

Second (Immediate),

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemetery.

Date of Burial, March 27th 1885

Undertaker, T. N. Ford.

Place of Business, 31 Hanover St.

Wm. H. Sheridan M. D.
Medical Attendant.

Address, Co. Columbia & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 82130 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John C. Hild

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* 3 *Months,* 1 *Days,*

Color,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Tobacconist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany —

Duration of Residence in the City of Baltimore, 32 years —

Place of Death, {Give street and Number.} 214 Light str.

Cause of Death, First (Primary), Brights disease of kidneys

Second (Immediate), Erysipelas of face Suppuratio.

Duration of Last Sickness, 4 weks —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 29th 85

Undertaker Ch. Barkdoll

Place of Business, 3 W. Frederick Address, 258 Madison Ave

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 8253 / *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand H Kapp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 ~~55~~ *Years,* 9 *Months.* 16 *Days*

Color, W

Married, ~~Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Liquor dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 55 yrs

Place of Death, {Give Street and Number.} Cor Hughes & Johnson

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th

Undertaker, Wm J. Fiekner

Place of Business, 65 S. Eutaw St

H H Welsh M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 82534 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3/26 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Witeker

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 113 S Green st

Cause of Death, First (Primary), Cancer Uteri

Second (Immediate),

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cemetery

Date of Burial, March 28th 1886

Undertaker, John S. Mackie

Place of Business, 1 E Baltimore st

I Hurry M. D.
Medical Attendant.

Address, 1 Co Stiles st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 82333 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Sperling

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 49 north Fremont

Cause of Death, First (Primary), Intestinal Congestion

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemt

Date of Burial, March 28/1885

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

D. F. Hoffman M. D.
Medical Attendant.

Address, 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82534

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 24/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Julius Hermann

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 4 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} #134 Saratoga

Cause of Death {First, (Primary.) Pneumonia

Second, (Immediate,) Convulsions I Think

Duration of last Sickness, I Think about a week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, March 28 1885

T. Chew Worthington M. D.
Medical Attendant.

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St

Address, 373 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 82535 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MAR 27 1885 MD

CERTIFICATE OF DEATH.

Date of Death, March - 25 - 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magrt A. Frazier

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 15 *Years,* 8 *Months,* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nurse & Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 9 1/2 Duncan Alley

Cause of Death, First (Primary), Burns

Second (Immediate), Exhaustion

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 27 - 1885

Undertaker, W W Meadows

Place of Business, 46 East St

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Bond St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 82536 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Minnie Bernstein

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give Street and Number.} 11 Mc Elderry St.

Cause of Death, First (Primary),

Second (Immediate), Pleuro — Pneumonia.

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Hebrew Cemetery

Date of Burial, March 27

Undertaker, Wm Eilau

Place of Business, 101 Baughs St *Address,* 95 Park Ave.

A. M. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 82537 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Mary A Oser

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 448 Lanvale

Cause of Death, First (Primary), Cancer of the Womb

Second (Immediate),

Duration of Last Sickness, About One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, March 26th

Undertaker, J. Brook

Place of Business, 707 W Baltimore

Edw F. Michael M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back o...

(8)

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84538

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Susan Minters

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 70 Years, ____ Months, ____ Days.

Color, White *Sex,* Female

Married, ~~Single~~, *Widow* ~~or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number. } Balto. City Jail

Cause of Death, { First (Primary,) ____ Second (Immediate,) Intemperance

Duration of Last Sickness, A few hours

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, Mch 27 1885

Undertaker, Geo Rinehart

Place of Business, Forest Place

D. P. Hoffman M. D.
Medical Attendant.

Address 279 West Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82539 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. a Benson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 169 York St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem.

Date of Burial, Mar 28 85.

Undertaker, Geo W Perkins

Place of Business, 221 Hanover St

C. U. S. Boze M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 84,540 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mch 26 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bellstab

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 63 *Years,* — *Months.* — *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Baker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Switzerland (15 yrs in America

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Acute Peritonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 27/85

Undertaker, Henry Hoeck

Place of Business, W. Central Av *Address,* 188 N. Calvert St

Chas J. Mackey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82541 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHARLES MEARS
MAR 27 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Walker

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 60 Stockholm

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 27th 1885

Undertaker, John D. Machen

Place of Business, No 150 London

Chas L Bozé M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 82574 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kraf

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 845 W. Pratt St.

Cause of Death, First (Primary), Double Lobular Pneumonia

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 28th 1885

L. R. Wilson M. D.

Medical Attendant.

Undertaker, Ernest Schlosser

Place of Business, 181 Sharp St. *Address,* 837 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82573 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD

Date of Death, March 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1/2 *Years,* ..... *Months.* ..... *Days*

Color, col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 165 York St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29 1885

Undertaker, Hercules Ross

Place of Business, 75 Con Way St

Wm Gorbel M. D.
Medical Attendant.

Address, 170 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 82574 *Office of Registrar of Vital Statistics.* Ward 9—

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 27 1885 BALTIMORE, MD.

Date of Death, March 26 188[illegible]

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* 9 *Months,* [illegible] *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Penn St

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 53 Eutaw Place

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) Pneumonia

Duration of Last Sickness, 7 days

At the above information should be furnished by the Physician.

Place of Burial, St. Mary's County

Date of Burial, March 27

Undertaker, H H Ross

Place of Business 95 Lombard St

[illegible] M. D., Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 82575 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Hughes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Mayo, Ireland

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, {Give street and Number.} 109 Pine St

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemy

Date of Burial, March 28/1885

Undertaker A Rosenberger

Place of Business 70 Mulberry

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases.

Health Department, City of Baltimore.

Permit No. 82546 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 27 1885 BALTIMORE, MD

Date of Death, March 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Gunpman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years~~, 7 *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} No 656 N. Broadway

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, Three (3) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, March 29th 1885

Undertaker, H. L. Hayes

Place of Business, 317 Hanover St.

A. P. Smith M. D.
Medical Attendant.

Address, 814 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 82547 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
MAR 27 1885
BALTIMORE, MD.

Date of Death, Mch. 27. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } David McWhirter

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Years, Months, 1 hours Days.

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. md.

Duration of Residence in the City of Baltimore, 4 hrs.

Place of Death, { Give street and Number. } 110 Ewer st.

Cause of Death, First (Primary), Malformation of brain

Second (Immediate),

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 27th

Undertaker H. C. Wiedefeld

Place of Business, 9 Gruman Ave

Geo. A. Hartman M. D.
Medical Attendant.

Address, 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 82548 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred F. Clark Clark

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, [illegible] *Years,* 6 *Months.* 7 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 9 Fork St Balt

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 283 Hanover

Cause of Death, First (Primary), Bronchitis

Second (Immediate),

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Ch

Date of Burial, March 28/85

Undertaker, A F Clark (Father)

Place of Business, 1011 Lexington St

M. T. Elmer M. D.
Medical Attendant.

Address, 811 Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transcribed 2 6 [illegible]

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82579 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

GENERAL REGISTRY OFFICE MAR 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mch. 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fannie Fletcher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 27 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation Embroideress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 404 Harford av.

Cause of Death, First (Primary), Pleuro-pneumonia

Second (Immediate),

Duration of Last Sickness, One week

the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem. C

Date of Burial, March 29th 1885

Geo. A. Hartman M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* *305 N. Carlin st.

***Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.**

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases

Health Department, City of Baltimore.

Permit No. 82550 *Office of Registrar of Vital Statistics.* Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 29 1895
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Saturday March 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Ellen Dramin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 245 N. Arm St.

Cause of Death,
First (Primary), Scarlet Fever with Diphtheria Complication
Second (Immediate), Enteric Colitis with Exhaustion

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 28th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, 6 Chase St Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82337 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Rauback

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 228 Montgomery

Cause of Death, First (Primary), Scarlet Fever

Second (Immediate), Uremia

Duration of Last Sickness, Three week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 29/85

Undertaker, Henry Brill

Place of Business, Hennetta St 81

H W Nebel M. D.
Medical Attendant.

Address, 57 Bower

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82532 — Office of Registrar of Vital Statistics. — Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE, MD. MAR 28 1885

Date of Death, Thurs Day Mar 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Sanders

~~Sex~~, *Male or ~~Female~~,* {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 104 Cross St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Harp Hill Cemetery

Date of Burial, Mar 28th 85

Undertaker, Wm A Deuge

Place of Business, 62 Earl st

R. Nelson M. D.
Medical Attendant.

Address, Balto & Carlton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82533 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Thursday 26th " March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 37 *Years,* " *Months,* " *Days*

Color, Colored.

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md.

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 76 N Amity Street.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Pneumonia

Duration of Last Sickness, Four Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, Mar 29th 1885

Undertaker, Wm Thompson

Place of Business, 62 East 31st

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 82534 *Office of Registrar of Vital Statistics.* Ward 16 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 26th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Arnold Jordan Pennington

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 56 *Years,* *Months,* 9 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation ~~Clerk~~ Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 16 Wyeth St

Cause of Death, First (Primary). Pleuro - Pneumonia

Second (Immediate). Asphyxia

Duration of Last Sickness, Ten days

All the above Info matter should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, March 27th.

Undertaker F. N. Odell

Place of Business, 101 Monroe *Address,* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82533 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Hanna

~~*Sex, Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months.* 7 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 21. E. Fulton St.

Cause of Death, First (Primary), Typhoid Fever.

Second (Immediate),

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, Ballo Cem

Date of Burial, 29th

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Truman F. Hill M. D.
Medical Attendant.

Address, 17 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore.

Permit No. 82556 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
MAR 28 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lennert

~~Sex,~~ *Male* ~~or Female,~~ {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation wood worker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, 41 years

Place of Death, {Give street and Number.} 97 Corby St Centre

Cause of Death, First (Primary), Laryngeal Phthisis.

Second (Immediate), " "

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, March 29. 1885

Undertaker H. Sander & Son

Place of Business 252 Eastern Ave

T. Donaldson M. D.
Medical Attendant.

Address, 101 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Y ▲ FILM ■ ▲

Board of Health, City of Baltimore,

Permit No. 82557 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Jas M. Todd

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } M

Age, ... *Years,* ..... *Months,* 2 *Days,* 4

Color, W

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. } S

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 274 Gough St

Cause of Death, { First, (Primary,) Gastritis

Second, (Immediate,) .....

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 28th 85

Undertaker, Henry Carden & Son

Place of Business, 262 Eastern Av Address 110 Hanover St

Medical Attendant. J. Hall Todd M. D.,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SAFE

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 82538 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT
MAR 28 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James H. Cook Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} ~~##~~ 67 Williams St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Tuberculous Meningitis

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Mch 29

Undertaker Amos & J. Deems

Place of Business, No 263 Light St

James Bacon M. D.
Medical Attendant.

Address, Arlington Ave Hoshen St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 82539 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1884

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robt. E. Long.

Sex, Male or ~~Female.~~ { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Colored —

~~Married, Single,~~ ~~Widow~~ or Widower, { Cross out the word not required in this line. }

Occupation Porter

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frederick = Md =

Duration of Residence in the City of Baltimore, 25 years —

Place of Death, { Give street and Number. } 48 Saratoga St

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), Heart Failure —

Duration of Last Sickness, 4 days —

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 29/84

Undertaker Wm J. Gray

Place of Business, 65 Mulberry St *Address,* 181 Linden Ave

Henry Chandlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 82560 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3/26 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Buck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A A Co Md.

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 144 N Stricker

Cause of Death, First (Primary), Chronic Fever

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Louden Park

Date of Burial, Mar 28th

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

A H Carney M. D.
Medical Attendant.

Address, 26 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 84371 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McCarty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... 7 *Months.* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 260 Cross St

Cause of Death, First (Primary), Debility

Second (Immediate), Bronchitis

Duration of Last Sickness, Sickly from birth.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, March 28-85

Undertaker, C. F. Kraus & Son

Place of Business, 264 Hanover

J. H. White, M. D.
Medical Attendant.

Address, Letterman Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 82562 *Office of Registrar of Vital Statistics.* Ward 2nd.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Werneker

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years,* —— *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 34 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 204 Eastern Avenue

Cause of Death, First (Primary), ——

Second (Immediate), Enteritis

Duration of Last Sickness, About 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, Mar 28 th

Undertaker, W Lipsel

Place of Business, 151 S Bond St

R. Dashiell Jr. M. D.
Medical Attendant.

Address, 24 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82563 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pauline Hokamp

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 9 *Months,* 19 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} no 3 north Pine

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Organic Diseas of Heart

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wesley Cemetery

Date of Burial, March 30

Undertaker, F. B. Cook

Place of Business, 707 W Baltimore

C. P. Hoffman M. D.
Medical Attendant.

Address, 279 west Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 82564 *Office of Registrar of Vital Statistics.* Ward 8 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 27. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Noel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days,*

Color, Dark

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Religious

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, 60 yrs

Place of Death, {Give street and Number.} Chase & Forrest Place

Cause of Death, First, (Primary,) Old age

Second, (Immediate,) Asthma

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, March 30 1885

Undertaker, James S Byrne

Place of Business, No 131 N Front St

F. E. Chatard M. D.,
Medical Attendant.

Address, 114 East Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B...

Board of Health, City of Baltimore.

Permit No. 82565 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR. 28 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Mar. 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emanuel Gunns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months.* 13 *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ____

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 3 Kennard st near Eutaw st

Cause of Death. First (Primary), Tetanus Infantum

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28 1885

Undertaker F J Locke

Place of Business, 73 Jefferson

E. B. Foote M. D.
Medical Attendant.

Address, 283 N. Eden st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 82566 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Blackstone

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 98 *Years,* — *Months,* — *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower.

Occupation, Brick maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, about 50 years.

Place of Death, {Give Street and Number.} 1307 Dunkan St.

Cause of Death, First (Primary), General Paralysis

Second (Immediate),

Duration of Last Sickness, about 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, March 29/85

Undertaker, Chas E. Butler

Place of Business 132 N Caroline St *Address,* 238 E Monument

John H. Lowman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82567 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Evan Bell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 12 *Months,* ..... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 124 N. Gaither

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28th 1885

Undertaker, Chas. F. Lockes

Place of Business, 73 Jefferson St

A. Kemp M. D.
Medical Attendant.

Address, 117 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 8 2 5 6 8 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Sellman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Can Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 21 Edward St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, March 29th 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St. *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82569

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Kate Heintzman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 3 *Months,* ___ *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 2 years 3 months

Place of Death, {Give street and number.} No 10 Bartlett st

Cause of Death, First (Primary,) Dysthenia

Second (Immediate,) Asthenia

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Mar 29th 1885

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St

T Edward Kirby M. D.
Medical Attendant.

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 82570 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 28 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mine [illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 70 *Years,* ..... *Months,* ..... *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 245 N Hughes St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis pulmonalis

Duration of Last Sickness, 6 m

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 29 1885

Undertaker, Geo Culer Son

Place of Business, 95 Lon Wayst

[illegible] M. D.
Medical Attendant.

Address, 161 N Pine St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 8425 1/1 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 27th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Holland D. of James Holland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 5 *Days*

Color, Coloured

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 225 S. Eutaw St.

Cause of Death, First (Primary), ...

Second (Immediate), Dentition

Duration of Last Sickness, Since its birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 28

Undertaker, H Ross

Place of Business, Monument St

R. M. Hall M. D.
Medical Attendant.

Address, 26 2 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...e Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back...

Health Department, City of Baltimore.

Permit No. 82572 *Office of Registrar of Vital Statistics.* Ward 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Stone

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 7 *Months.* 1 *Days.*

Color, Colrd

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 81 years

Place of Death, {Give Street and Number.} 158 Hanover st

Cause of Death, First (Primary), Senile Catarrh

Second (Immediate), Asthenia

Duration of Last Sickness, Last day Definitely

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, March 30-85

Undertaker C. F. Krouse & Son

Place of Business, 209 Hanover *Address,*

E. W. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 82573

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

16

CERTIFICATE OF DEATH.

Date of Death, Mar. 29th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Christina Fuge

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 61 *Years,* 7 *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housekeeper.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Bitburg

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give street and number.} 147 Barre St.

Cause of Death, First, (Primary.) Morbus Brightii

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem.

Date of Burial, March 30th 1885

Undertaker, Geo Kimball,

Place of Business, 389 W Balto St.

Chas. T. Mealey, M.D.,
Medical Attendant.

Address, 128 Park Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82374 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Lizzie Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, / *Years,* 3 *Months,* 8 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City / Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 190 N Fremont St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn

Date of Burial, Mar 30 1885

Undertaker, A Rosenberger

Place of Business, 70 Pinderson St

H F Hill M. D.
Medical Attendant.

Address, 2388 Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 82575 *Office of Registrar of Vital Statistics.* Ward 16 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, Red

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 180 E. Howard St.

Cause of Death, First (Primary), consumption of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mts

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, March 30 1885

Undertaker, S. H. Shaw

Place of Business, 185 Howard St

R. A. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 82576 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, March 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Pye

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days,*

Color, Negro

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Marys County

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give street and Number.} 43 Lorew Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia

Duration of Last Sickness, About a year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, March 30 1885

Undertaker ~~Hagan~~ H Pye

Place of Business, Mulberry St *Address,* 293 W Fayette

L B Schwatka M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 82577

Office of Registrar of Vital Statistics. 9 16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 27th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Freeland.

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color, Col'd

~~*Married*~~, *Single*, ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} 57 State St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of Last Sickness, In bed about 3 weeks,

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg Cemetery

Date of Burial, March 29 1885

Undertaker, A. C. Hunsley

Place of Business, 116 Orchard St

Wm. J. Lang M.D.,

Medical Attendant.

Address, 75 Franklin St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...s Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 12578 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Smith (Smith)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} ~~Male~~

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give Street and Number.} 15 August St.

Cause of Death, First (Primary), ...

Second (Immediate), Congestion of the Lungs.

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Fell Point Pt Cemetery

Date of Burial, March 29

Undertaker, W. Elam

Place of Business, 101 Baughs

J. Hock M. D.
Medical Attendant.

Address, 35 E Balt: St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82579 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Dolland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland — 24 yrs in U.S.

Duration of Residence in the City of Baltimore, 8 yrs.

Place of Death, {Give Street and Number.} 20 Elizabeth Lane

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 9 mos

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, March 29th 11

Undertaker, B. Hale

Place of Business, No. 82 West Street *Address,* 333 Liger St

Robert J. Rowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82180 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara N. Morrow

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 14 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 21 N. Washington St.

Cause of Death,
First (Primary), Capillary Bronchitis + Malarial fever
Second (Immediate), Coma

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, March 30th 1885

Undertaker, Denny & Mitchell

Place of Business, 66 Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82581 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Evans

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 4 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 62 Bloch St.

Cause of Death, First (Primary), Gastro enteritis

Second (Immediate), asthenia

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery.

Date of Burial, March 30th 1885

Undertaker, Wm Cleckner

Place of Business, 237 Aliceanna

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, 700

Permit No. 82582 OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27, 85

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Michael Joseph McKenna

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 23 *Years,* 11 *Months,* [illegible] *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower? { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number. } 25 Country Lane

Cause of Death, First (Primary,) Phthisis Pulmonalis

Second (Immediate.)

Duration of Last Sickness, About 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, March 29th

Undertaker, H. C. Wiedefeld

Place of Business, 70 Greenmount Ave

John M Corrigan M. D.
Medical Attendant.

Address 258 E Monument

H. C. Wiedefeld

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 82583 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OF... BALTIMORE...

CERTIFICATE OF DEATH.

Date of Death, March 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M Rasker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Seven years

Place of Death, {Give Street and Number.} 45 Canary st

Cause of Death, First (Primary), Bright's disease of Kidneys

Second (Immediate), Uremia

Duration of Last Sickness, 1 yr. 6 months

All the above information should be furnished by the Physician.

Place of Burial, St. James Cemetery

Date of Burial, March 29th 85

Undertaker, J. N. Holl.

Place of Business, 131 Hanover St.

H. W. Wolsted M. D.
Medical Attendant.

Address, 57 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82584 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Hites

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* 2 *Months,* 24 *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 35 Years.

Place of Death, {Give Street and Number.} 297 S. Charles St.

Cause of Death, First (Primary), Old Age.

Second (Immediate), Consumption.

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 30/85

Undertaker, B. Harle

Place of Business, West St.

J. W. White *M. D.*
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Pa...

Health Department, City of Baltimore.

Permit No. 82585 — *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 10 N. Eutaw St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 29- 1895

Undertaker, Wm. H. Bradley

Place of Business, 46 East Pr

C. O. Adair M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 82586 *Office of Registrar of Vital Statistics.* Ward 94

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, Mch 29-85 5.00 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sylvester Wheeler

~~Sex~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland Harford Co

Duration of Residence in the City of Baltimore, 2 wks

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Stricture

Second, (Immediate,) Pyaemia

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Pylesville Harford Co Md

Date of Burial, Mch 28th 1885

Undertaker, Hemsley Baker & Son

Place of Business, Post Mortuary

Chas F. Bryan M. D.,
Medical Attendant Pro tem.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit-3645

Health Department, City of Baltimore.

Permit No. 82587 *Office of Registrar of Vital Statistics.* Ward 16 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 29 1885 BALTIMORE

Date of Death, March 28/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Carter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti. Co. Md

Duration of Residence in the City of Baltimore. Two (2) Years

Place of Death, {Give Street and Number.} N 168 S. Paca "

Cause of Death, First (Primary),

Second (Immediate), Nervous prostration (due to old age)

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie View

Date of Burial, March 30 1885

Undertaker, Matthew Cadogan

Place of Business, 277 Mulberry St

H. L. Spicer M. D.
Medical Attendant.

Address, 387 W. Lombard St "

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82588 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 29 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A Dauchman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* — *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 58 S. Gilmor

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, about 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, March 30th 1885

Undertaker, S. M. Leonard & Son

Place of Business, 782 W. Baltimore *Address,* 582 N. Fayette

W. O'M Keen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82589 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jasper McCauley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 39 *Years,* ~~Months~~, ~~Days~~

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 24 N. Bond st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 30th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St

Thomas P. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases.

Board of Health, City of Baltimore.

Permit No. 82590 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Lake

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 8 *Years,* 2 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, — —

Place of Death. {Give street and Number.} 211 E. Balto st

Cause of Death First (Primary). Hip Disease

Second (Immediate). Inflammation of the Brain

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 31st 1885

Undertaker John Lake

Place of Business, 201 E Balto st

M. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82591 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
OCT 30 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 28-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Shipley

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* ~~—~~ *Months,* one *Days*

Color, blk

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 96- Raymond St

~~Duration of Residence in the City of Baltimore.~~

Place of Death, {Give Street and Number.} 96 Raymond St

Cause of Death, First (Primary), Retarded Labor

Second (Immediate), Use of Instruments

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30

Undertaker Alex H Gunsky

Place of Business, 116 Orchard St

H. C. Crim M. D.
Medical Attendant.

Address, 185 Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 42594 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 28. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nancy Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, Ed

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 186 Chestnut Av

Cause of Death, First (Primary), ...

Second (Immediate), Heart disease - organic

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Black St

Date of Burial, March 29

Undertaker, A Hemsley

Place of Business, 116 Orchard

J. G. Keller M. D.
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back of this ...

Health Department, City of Baltimore.

Permit No. 82593 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Buechta

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 78 *Years,* 6 *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Over 60 years

Place of Death, {Give Street and Number.} 296 W Bond St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness, Ailing for over a year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st 1885

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

D M Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK

The Special Attention of Physicians is respectfully invited to the [illegible] of this

Health Department, City of Baltimore.

Permit No. 84594 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1885

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Winnfred Schultz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 267 Lamade St

Cause of Death,
First (Primary),
Second (Immediate), Bronchitis 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lorraine Cem

Date of Burial, March 31st 1885

Undertaker, [illegible]

Place of Business, [illegible]

J H Emory M. D.
Medical Attendant.

Address, 76 E Read St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Ce...

Health Department, City of Baltimore.

Permit No. 8[illegible]595 *Office of Registrar of Vital Statistics.* Ward 18½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna M Rier

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* *Months.* *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} St Peter & Barre Sts,

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion,

Duration of Last Sickness, 6 months,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1-1885

Undertaker, D. Wiegand

Place of Business, 166 Druid Ave *Address,* 76 S Paca St

J H Bunnell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82596 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPARTMENT MAR 30 1885 MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McGoldrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 50 *Years,* *Months.* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Relapse from Pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 30/85

Undertaker, F. A. Kershaw

Place of Business,

H. Welch M. D.
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82597 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie Meyers

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 3 *Years,* *Months,* 7 *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 50 Sarah Ann St

Cause of Death, First, (Primary,) Probably Inflammation of Kidneys

Second, (Immediate,) Acute Pneumonia

Duration of Last Sickness, Probably 8 weeks - I only attended 10 days

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, March 30 1885

Undertaker, S W Chase

Place of Business, 195 Howard St

Caleb Winslow M. D.,
Medical Attendant.

Address, 23 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82598 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAR 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie W. Anderson.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, thirty five *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Huntsville Ala.

Duration of Residence in the City of Baltimore, ten years

Place of Death, {Give Street and Number.} 30 Franklin St.

Cause of Death, First (Primary), Morphia habit.

Second (Immediate), Heart disease Nervous exhaustion

Duration of Last Sickness, Dont Know. Called in late.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, March 30th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 E. Fremont St.

W R Hay M. D.
Medical Attendant.

Address, 99 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible] on back of this [illegible]

Health Department, City of Baltimore.

Permit No. 42599 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED MAR 30 1885 MD

CERTIFICATE OF DEATH.

Date of Death, March 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Carson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* 6 *Months.* 28 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, General Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 24 N. Chapel St

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30 1885

Undertaker, S W Chase

Place of Business, 198 Howard St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82600 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 30 1885

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Darby

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Infant

Place of Death, {Give Street and Number.} 342 W. Lombard St.

Cause of Death, First (Primary), Meningitis

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, Mar. 30th 85

Undertaker, W. Cadogan

Place of Business, 227 Mulberry St

John Neff M. D.
Medical Attendant.

Address, 206 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Memoranda Below, and to Rules on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82601 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 27, 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Hahn

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* 2 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give Street and Number.} 617 W. Lombard St.

Cause of Death, First (Primary), Double Lobular Pneumonia

Second (Immediate), Engagement

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, March 31/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 837 W. Pratt St.

D. R. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82,604 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 28 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George O Nigh

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months.* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sewd. Paper Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 126 - Mosher St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 4 - Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, March 30/85

Undertaker, Chas. L. Schwen

Place of Business, 21 & N. Eutaw

H J Hough M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42603

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Saturday March 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Phelan

~~*Sex, Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Waterford - Ireland

Duration of Residence in the City of Baltimore, 33 years

Place of Death, {Give street and number} 67 St Paul St - Baltimore

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Asthenia

Duration of last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Mount Rae Cem

Date of Burial, March 31st 1885

Undertaker, Nelson Fuller & Sons

Place of Business, Park & Saratoga

P. Bryson Wood M. D.
Medical Attendant.

Address, 45 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82604 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roger Connors

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Chrome Manufacture

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 110 E. Bond St

Cause of Death, First (Primary), Heart (Valvular) disease

Second (Immediate), ...

Duration of Last Sickness, Ten years

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick

Date of Burial, March 31st 1885

James E. Smith M. D.
Medical Attendant.

Undertaker, M. Clarke & Sons

Place of Business, 92 S. Ann *Address,* 99 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82605 *Office of Registrar of Vital Statistics.* Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Stovell

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 27 *Years,* 2 *Months,* 19 *Days*

Color,

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 127 Register st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six Months,

All the above information should be furnished by the Physician.

Place of Burial, New Methodist Lem

Date of Burial, March 30th 1885

Undertaker, H. Saunders & Son

Place of Business, 252 Lanvale

Thomas J. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to the List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 82606 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 29 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Hahmer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 48 *Years,* 11 *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Cigarmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany . 27 years in U. S.

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} E. Green St. 160

Cause of Death, First (Primary), Lymphoma malignum

Second (Immediate), Marasmus

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, March 31st 1885

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St. *Address,* 205 W. Lombard Street

Dr. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 82607 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cennie Carrington

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 62 Belcome alley

Cause of Death, First (Primary),

Second (Immediate), Child Birth

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, March 30 1885

Undertaker, Her Euler Ross

Place of Business, 75 Cor West st

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82608 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 29, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Perkins

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} 256 Penna. Ave.

Cause of Death,
First (Primary), Paralysis
Second (Immediate),

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 31st

Undertaker, Jos B Cook

Place of Business, Cor Bells Alley & Monument St *Address,* Cor Calhoun & Fayette Sts

C. G. Smithsimm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 82609 *Office of Registrar of Vital Statistics.* Ward 9 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

Date of Death, March 30th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anna Kuhn

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 58 *Years,* 5 *Months,* 24 *Days,*

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany, 18 Years in America

Duration of Residence in the City of Baltimore, 18 Years

Place of Death, { Give street and Number. } 75 Sharp St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 1st 1885

Undertaker Geo Leimbach

Place of Business, 389 W. Pratt St *Address,* 68 Sharp St

Chas F. Heuer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 82610 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 30 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan E Ireland

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 1/2 3

Place of Death, {Give Street and Number.} 126 Fort ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 31

Undertaker, B. Yeager

Place of Business, 82 West St

R. A. Ellis M. D.
Medical Attendant.

Address, 313 Lytle St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 2

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82611 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Willie Whittaker

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, 3 *Years,* *Months,* *Days,*

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 485 Mc Elderry Al

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, March 30th

J B Schwatka M. D.
Medical Attendant.

Undertaker Wilson & Grace

Place of Business, S. Caroline No 142 *Address* 293 N Bryan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 82612 *Office of Registrar of Vital Statistics.* **Ward** 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar. 29-1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Miller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 25 y.

Place of Death, {Give Street and Number.} 172 N Front-st

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, 5 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, March 31st

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gruman

D. Scott M. D.
Medical Attendant.

Address, 1496 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Instructions Below, and to Entry of Disease on Back of...

Board of Health, City of Baltimore.

Permit No. 8263 *Office of Registrar of Vital Statistics.* **Ward** 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAR 30 1885 BALTIMORE, MD.

Date of Death, Mar. 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Jones

Sex, Male or Female. {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months,* 15 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 13 St. James St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 30 1885

E. B. Looby, M. D.
Medical Attendant.

Undertaker S. M. Chase

Place of Business, 198 Howard St. *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 82614 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Hall

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.} ✓

Age, — *Years,* — *Months,* 2 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Life

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Gilstons let

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, 2 hrs

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, March 31st 1885

James A Steuart, M. D.
Medical Attendant.

Undertaker W N Dungee

Place of Business, East St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. W. E. Roberts & Inspector [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 82615 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE HEALTH DEPT. MAR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Polk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [illegible] *Years,* [illegible] *Months.* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. City

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} No. 19 E. Chestnut St

Cause of Death, First (Primary), [illegible]

Second (Immediate), [illegible]

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, March 30th 85

Undertaker, G. France

Place of Business, Bank & Holliday Sts. *Address,*

[illegible] *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 2616 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE, MD.

Date of Death, March 29th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bar[illegible]

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} E. Lombard 2nd door E. Wolf

Cause of Death, First (Primary), Diptheria

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. H. Redeemer

Date of Burial, March 30th

Undertaker, W. Lippert

Place of Business, 151 S. Bond St.

John F. Lemmon M. D.
Medical Attendant.

Address, E. Ln. Calvert & Read

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 82617 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

LIBRARY DEPARTMENT
MAR 30 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Robinson

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 17 *Years,* ..... *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Widow~~ Single ~~Widower~~

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 59 East St.

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount cemetery

Date of Burial, Mar 30th 1885

Undertaker Wm P Dunges

Place of Business, 62 East, st

E. B. Healy, M. D.
Medical Attendant.

Address, 219 N. Ed...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 82618 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 28, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Balvin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 369 Orleans St.

Cause of Death, First (Primary), Dentition

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 31 1885

Undertaker, John Herwig

Place of Business, 382 Orleans

J. Heloellenberg M. D.
Medical Attendant.

Address, 384 E Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 82619 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Schafer

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, ...

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bulto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 386 West St.

Cause of Death, First (Primary), ...

Second (Immediate), Typhoid-Pneumonia

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery.

Date of Burial, 1 April 1885.

Undertaker, J. Kohler

Place of Business, Schafer & Gross Address, 147 Barre St

J. Taylor Smith M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82620 *Office of Registrar of Vital Statistics.* Ward 3 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 30 1935

CERTIFICATE OF DEATH.

Date of Death, March 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Byrne) Edw A. & Agnes Byrne (Parents

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 minutes *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 110 N Gay st

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 110 N Gay st

Cause of Death, First (Primary),

Second (Immediate), Too weak to respire

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, march 31st 1885

Undertaker, Jas C Byrne

Place of Business, 63 Franklin

Edward P Revell M. D.
Medical Attendant.

Address, 54 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 82642 *Office of Registrar of Vital Statistics.* Ward 6 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Maria Keys

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy Two *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} No. 57 McElderry Street

Cause of Death, First (Primary), Dropsy

Second (Immediate), Hy Dr Thoracis (Heart)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, March 31. 1885

Undertaker, Wm. H. Hickman

Place of Business, 234 E. Gay St. *Address,* No. 1022 Broadway

Wm H. Chadwick, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82622 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 30 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Katie Biddle

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 35 N Broadway

Cause of Death,
First (Primary), Peritonitis
Second (Immediate), Collapse from Emesis due to Cardiac Failure.

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 1st/85

Undertaker, Henry Wheeler

Place of Business, E. Broadway Address, 314 E. Balt. St.

B. F. Leonard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82623 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sr Aegidia (Barbara Weber)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Pa —

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give Street and Number.} St Josephs Hospital

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, March 31st 1885

Undertaker, Henry Hoeck

Place of Business, 307 N Eutaw St

Oscar J. Cookin M. D.
Medical Attendant.

Address, 188 E Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3647

[over.]

Health Department, City of Baltimore.

Permit No. 8264 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Frazier

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~38~~ *Years,* ..... *Months,* Eight *Days*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Eight days

Place of Death, {Give Street and Number.} 377 West St

Cause of Death, First (Primary), Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cemetery

Date of Burial, March 31st 1885

Undertaker, H. A. Kershner

Place of Business, Arlington Av. *Address,* Univ Ave

A. K. Trinkle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 82625 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Mar. 30

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Hill

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days* V

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 14 Jenkins Al

Cause of Death, First (Primary), Hemorrhage

Second (Immediate), Heart disease

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Ground

Date of Burial, Mar. 31 1885

Undertaker, J J Locke

Place of Business, 73 Jefferson

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

AK SAFETY ▲ FILM

Health Department, City of Baltimore.

Permit No. 82626 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robt Edward Le Steine

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 7 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 293 McHenry St.

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 31

Undertaker, F B Cook

Place of Business, 707 W Baltimore St

L G Leishman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KOD

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 82627

Office of Registrar of Vital Statistics.

19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jesse R. Ogle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63. *Years.* *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Bricklayer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 297 N. Stricker St.

Cause of Death, First, (Primary.) acute Phthisis following

Second, (Immediate.) Pneumonia

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, March 31

Undertaker, J. B. Cook

Place of Business, 707 W Baltimore

Mahlon Brewer M.D.,
Medical Attendant.

Address, 68 McCulloh St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t...

Health Department, City of Baltimore.

Permit No. 82628 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 32 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Florist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Salt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No Mulberry St

Cause of Death, First (Primary), Died Suddenly in a Spasmodic condition due I think Second (Immediate), to some obscure Cerebral lesion.

Duration of Last Sickness, Had been complaining of various symptoms for- last year

All the above information should be furnished by the Physician.

Place of Burial, Loyders Park

Date of Burial, March 31

Undertaker, J. B Cook

Place of Business, 707 W. Baltimore St

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th

Health Department, City of Baltimore.

Permit No. 82629 *Office of Registrar of Vital Statistics.* **Ward** 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1885

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Morris

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ ~~Female~~

Age, 48 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ ✓

Occupation, Dressmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} do 3 Fitzhugh st

Cause of Death, First (Primary), Inflammation of Stomach

Second (Immediate), 3 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cem

Date of Burial, March 31 1885

Undertaker, William Duvigneau

Place of Business, 62 East St

J. E. Lonsdale M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82630 *Office of Registrar of Vital Statistics.* Ward 15 J

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 218 Hughes St

Cause of Death, First (Primary), Brights Disease

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Levnel Cemetery

Date of Burial, Apr 1 1885

Undertaker, William Dinges

Place of Business, 62 E Oar St

C. C. Burgh M. D.
Medical Attendant.

Address, 211 Hughes St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...ue Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8263

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPT. MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bacon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20 *Years,* ... *Months,* ... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 2 St James Ct

Cause of Death, First (Primary,) Injury by a fall in an Epileptic fit

Second (Immediate,) acute congestion of the brain

Duration of Last Sickness, 24 Days

All the above information should be furnished by the Physician.

Place of Burial, Leonal Cemetery

Date of Burial, March 31 1885

Undertaker, William Barnes

Place of Business, 62 East St

James J Beth M. D.
Medical Attendant.

Address 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 82632 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 22th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Henry Boulden

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ... *Years,* 9 *Months,* ..... *Days.*

Color, W

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and Number. } No 9 Jefferson Alley

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Wilkens Cemetery

Date of Burial, March 31 1885

Undertaker William Morgan

Place of Business, 62 East St

Whitefield W. Viney M. D.
Medical Attendant.

Address, 116 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 84633 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clarence A. Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 22 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 160 Wilmer Alley

Cause of Death, First (Primary), marasmus

Second (Immediate), convulsions

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial Sharp St Cemetery

Date of Burial March 31 1885

Undertaker Hercules Rossi

Place of Business, 95 Low Wayst

H. S. Watts, M. D.
Medical Attendant.

Address, 242 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 8263 — *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Hefter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24. *Years,* — *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} S. Williams St

Cause of Death, First (Primary), —

Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Salt Lewy

Date of Burial, March 31st 1885

Undertaker, Lewy & Mitchell

Place of Business, 550 W Fayette *Address,* 146 Hanover St

by Edwin Cota M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82635 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Collins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 15 years

Place of Death, {Give Street and Number.} 363 Harrison St

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Puerperal Fever

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Beach Island Md

Date of Burial, March 31st 1885

Undertaker, James P Byrne

Place of Business, 16 63 & Front St

Geo. E. Raymond M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3649 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82636 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE, MD

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothy Harrison

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months.* ..... *Days*

Color, ...

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Va

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give Street and Number.} 98 Lanvale St

Cause of Death, First (Primary), Malarial Congestion of Liver

Second (Immediate), Old Age

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 1 1883

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

A. M. Colburn M. D.
Medical Attendant.

Address, 343 W Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82637 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAR 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 28" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maud Langley

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* 2 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co Md

Duration of Residence in the City of Baltimore, 1 year - 11 months

Place of Death, {Give Street and Number.} 12 S" Ann St.

Cause of Death, First (Primary). Consumption

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Inigoes. St. Marys Co Md

Date of Burial, Apl 1" 1885

Undertaker, Wm A Baiger

Place of Business, 741 Broadway

Thos A Shenar M. D.

~~Physician~~ Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

John E. Timanus = Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 82638 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Soulsindau

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Communicant Methodist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cecil Co Md

Duration of Residence in the City of Baltimore, 70 Years

Place of Death, {Give Street and Number.} 57 Lee St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Kent County Md.

Date of Burial, April 1st 1885

Undertaker, F. Lewis Schaefer

Place of Business, 1094 Fremont

Thomas Cook M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3648 Transit

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 82639 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Willner

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 115 Scott St

Cause of Death, First (Primary). Croup & Diphtheria

Second (Immediate). Exhaustion & Suffocation

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet.

Date of Burial, April 1/85

Undertaker Doll

Place of Business, 182 Columbia Ave

A. N. Hodge M. D.
Medical Attendant.

Address, 110 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82640 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gaffen Walker (Mothers name)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 274 Mulliken st

Cause of Death, First (Primary),

Second (Immediate), Umbilical Hemorrhage

Duration of Last Sickness, Life time

All the above information should be furnished by the Physician.

Place of Burial, Eastern Public Cem

Date of Burial, March 31st 1885

Undertaker, Geo Reinhart

Place of Business, Forest Place Address, Cor Pratt

[illegible] M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKewen Sanitary Inspector

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82641 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Teresa Ruth

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months.* ..... *Days*

Color, ah

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 170 Bank st

Cause of Death, First (Primary), ...

Second (Immediate), Sclerhus Pentricule

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, April 1st 85

Undertaker, G. Franz

Place of Business, Funk & Wolfe Sts *Address,* Orleans

In Jungin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82643 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Wagner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 101 S. Ann St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, March 31st 85

Undertaker, G. France

Place of Business, Janes & Wolfe *Address,* 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82643 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 31 1885

CERTIFICATE OF DEATH.

Date of Death, March 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Kuelzer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany ✓

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 175 Eden St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, Apr. 1st 86

Undertaker, G. Frazer

Place of Business, Jones & Wolfe Sts.

E. Lee Cronin, M. D.
Medical Attendant.

Address, 132 Ensor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 84264 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* — *Months,* — *Days,*

Color, —

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northumberland Co Va

Duration of Residence in the City of Baltimore, Twenty-four Years

Place of Death, {Give street and Number.} 124 Hill Street

Cause of Death, First (Primary), Abortion

Second (Immediate), Uraemia — Coma

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, March 31st 1885

Undertaker Samp. H. Crane

Place of Business, 198 S Howard St *Address,* 116 E Lafayette St

Whitfield Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back [illegible]

Board of Health, City of Baltimore.

Permit No. 82645 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Shepherd

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* — *Months,* — *Days,*

Color, Wh

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co.

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 153 N. Regester St.

Cause of Death, First (Primary), Asthenia

Second (Immediate), —

Duration of Last Sickness, Unknown

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery Co.

Date of Burial, April 1st 1885

E. B. Britton M. D.
Medical Attendant.

Undertaker H. Sanders & Son

Place of Business, 252 Canton Ave *Address,* 51 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82646 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAR 31 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Engelmyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 252 E. Chase St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Nine (9) Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, March 2d 1885

Undertaker, Henry Hook

Place of Business, 305 N. Caroline St

Wm. H. Sloan M. D.
Medical Attendant.

Address, 1 E. Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82647 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 31 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Mar. 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Meyers, (Sister Mary Ruperta,)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 39 *Years,* 5 mos *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, School Sister of Notre Dame

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Rochester N. Y.

Duration of Residence in the City of Baltimore, [illegible] see Remark No. 2, [illegible]

Place of Death, {Give Street and Number.} Convent of Notre Dame Aisquith St. [illegible]

Cause of Death, First (Primary), Congestion of

Second (Immediate), Brain

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, R. C. St Thomas Cem

Date of Burial, April 1st 1885

Undertaker, Adam Zink

Place of Business, 461 W. Gay St

John E. Cummins M. D.
Medical Attendant.

Address, 5 W. Saint Paul Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 84648

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAR 31 1885

CERTIFICATE OF DEATH.

Date of Death, March 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta M. Pinkney

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 75 Years, Months, Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give street and number} 31 Pleasant St. Baltimore

Cause of Death, First, (Primary.) Cerebral Disease Paralysis

Second, (Immediate.) Effusion on Brain Stupor & Coma

Duration of last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Gr E Emmanuel Cem

Date of Burial, April 1st 1885

Undertaker, Hewes Funeral Rooms

Place of Business, Parlors Sandy

Wm H Stokes M. D.
Medical Attendant.

Address, 141 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

...L, J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82649 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Peacock

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Huckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give Street and Number.} 110 N. Central ave.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 1st

Undertaker, Geo Schilling

Place of Business, Ashland Square

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

HEALTH DEPT. MAR 31 1885 BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 82650 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. C. Connolly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 412 West St

Cause of Death, First (Primary),

Second (Immediate), Congestion Chill

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 1-1885

Undertaker, C. F. Krause

Place of Business, 209 Hanover

H. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 82657 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura V. Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 34 *Years,* — *Months,* 27 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and Number.} 15 E. Carrollton ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Internal Hemorhage

Duration of Last Sickness, Three months

the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, April 2 1885

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 112 Greene

Louis W. Knight M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 84652 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1905 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1905

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wiercup

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 31 *Years,* Eight *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation Cigar maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York City

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give street and Number.} 97 E. Pratt St.

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Capillary Pulmonia

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 3 rd

Undertaker Henry Brick

Place of Business, Henrietta st 81

F. W. Mackenzie M. D.
Medical Attendant.

Address, 68 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

No. 0

Board of Health, City of Baltimore.

Permit No. 82653 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 31, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Wheatley

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 8 *Days,*

Color, White

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 14 Sterling St,

Cause of Death, First (Primary). Mitral regurgitation (Rheumatic)

Second (Immediate). Exhaustion

Duration of Last Sickness, 3 Months,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park Cemy

Date of Burial, April 1st 1885

Undertaker Fred Gaede

Place of Business, 29 S. Caroline *Address,* 133 N Eutaw St,

J. W. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore.

Permit No. 82652 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 1 1885 RAILROAD

Date of Death, Mar 30 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Mildred Carrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 5 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Barre & Columbia avenue

Cause of Death, First (Primary). Inter cranial abscess & Meningitis

Second (Immediate). asthenia

Duration of Last Sickness, 49 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, Apr. 2 1885

Undertaker J. B. Cook

Place of Business, 709. W. Balto *Address,* 13 & Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82655 *Office of Registrar of Vital Statistics.* Ward 18/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia H Thor Rhor

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 7 *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 33 S Pitts St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia & Pertussis

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, April 1/85

Undertaker, J B Cook

Place of Business, 707 W Balto St

Newton Cook M. D.
Medical Attendant.

Address, 469 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 82656 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Wood

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter Work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Store Maryland Locust Point

Cause of Death, First (Primary), Run over by Engine Union # 113.

Second (Immediate), Accidental

Duration of Last Sickness, Instantaneous

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, April 1

Undertaker, B. Hark

Place of Business, 41 Watt St.

Dr. Scott M. D.
Medical Attendant.

Corner

Address, 61 E. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 84654

Office of Registrar of Vital Statistics. Ward 15 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 1935
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Bennett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 48 Years

Place of Death, {Give Street and Number.} 106 Johnson St.

Cause of Death, First (Primary),

Second (Immediate), Apoplexy.

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, April 2

Undertaker, B. Hull

Place of Business, 62 West St.

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 82658 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 31 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Coy

Sex, Male [redacted]*le,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* *Days*

Color, Wht

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give Street and Number.} No. 150 N. Spring St.

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, April 1st 1885

Undertaker, John H. McCoy

Place of Business, 27 W. Fayette St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82659 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 1 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas D. Fullerton

Sex, Male ~~or *Female*~~, {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow* or *Widower*~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, 55 years.

Place of Death, {Give Street and Number.} 618 W. Fayette St.

Cause of Death, First (Primary), Congestion of Lungs,

Second (Immediate), Hemorrhage

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 2nd 1885

J. H. Miller M. D.

Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS,

Place of Business, 35 Park Ave.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back ...

Board of Health, City of Baltimore,

Permit No. 82660 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar. 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Gaynor

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 62 *Years,* 6 *Months,* ... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M

Occupation, Butcher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 34 Somerset

Cause of Death, First, (Primary,) Gastric Catarrh

Second, (Immediate,) ...

Duration of Last Sickness, 6 weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2d

Undertaker, E. A. Schilling

Place of Business, Ashland & Lynn

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore, 1885

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82661

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 31st March, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas OConnor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Thirty Years

Place of Death, {Give street and number.} 90 Dolphin St.

Cause of Death, First (Primary,) Typhoid Fever.

Second (Immediate,)

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown Jno. J. Collins M. D.

Date of Burial, April 2/85 Medical Attendant.

Undertaker, Chas. T. Scriven

Place of Business, 211 N. Eutaw *Address* 80 N. John St. / Baltimore.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82662 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTO. APR 1 1905

CERTIFICATE OF DEATH.

Date of Death, March 31st 05

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pamelia A Hartman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ..... *Months,* ..... *Days*

Color,

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 103 Columbia St

Cause of Death, First (Primary), Nervous prostration

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 2nd 1905

Undertaker, John J Mackey

Place of Business, No 150 Lombard St

J H Gurney M. D.
Medical Attendant.

Address, 26 S Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82663 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Buvail (3 Days)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 3 *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} Robinson St. near Fou

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 2nd

Undertaker W. Dippel

Place of Business, S. Bond st.

J H Martin M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 82664

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March [redacted] 31st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benj. Waters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Miller

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland. Anne Arundel Co

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give street and number.} 32 Orchard St.

Cause of Death, First (Primary,) Valvular (Mitral) Disease of Heart

Second (Immediate,) Pneumonitis + Exhaustion

Duration of Last Sickness, 2 or 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpe St Cemetery

Date of Burial, April 2d

Undertaker, Alf Hemsley

Place of Business, Orchard St

Wm F. Lockwood M.D.
Medical Attendant.

Address Baltimore Madison St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82665 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Schmeitzek

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Galo-City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 25 Watson St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 1st 1885

Undertaker, Peter Frey

Place of Business, 91 Eastern Av

Geo. A. Stuart M. D.
~~Medical Attendant.~~

Address, Penn No. PC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Dr. F. Fabricki Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82666 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugenia D. Macdonald

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* 1 *Months,* 15 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York, Penn.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 86 Maryland Av

Cause of Death, First (Primary), Cancer of Uterus

Second (Immediate), Exhaustion from " " "

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 2nd 85

Undertaker, Heuisler & Son

Place of Business, Park Ave

J B Browne M. D.
Medical Attendant.

Address, 307 Madison Av

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82667

Office of Registrar of Vital Statistics.

8"

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, March 31: 188

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dr Jesse C. Hanby

HEALTH DEPARTMENT APR 1 1886 BALTIMORE, MD

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, All his Life

Place of Death, { Give street and number. } 111 N. Charles st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Friends Yard

Date of Burial, April 2 Hartford Road 88

Undertaker, H. Hoffman Sons

Place of Business, Park & Saratoga

F. C. Williams M.D.,

Medical Attendant.

Address, 201 Mad. ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82668 *Office of Registrar of Vital Statistics.* **Ward** 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE MD.

Date of Death, 31 March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Lottie E. Leonard

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 314 E. Balto. St.

Cause of Death,
First (Primary), Phthisis Pulmonalis with Intestinal Tuberculosis
Second (Immediate), Asthenia

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 2nd 1885

Undertaker, Denny & Mitchell

Place of Business, 66 S. Broadway

W. T. Leonard M. D.
Medical Attendant.

Address, 314 E. Balto.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish in twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and e and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8 2669 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leon E. Billmyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Williamsport Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} Home of Friends Sister Druid Hill Ave.

Cause of Death, First (Primary), Fracture of Skull from fall (35 ft.

Second (Immediate), Effusion into brain

Duration of Last Sickness, 57 hours

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 1st 1885

Undertaker, Wm. H. Weaver

Place of Business, 202 N. Eutaw St. *Address,* 47 Franklin St

Claude Van Bibber M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 82670 *Office of Registrar of Vital Statistics.* **Ward** 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31st March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E. Stewart

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 7 *Months,* *Days*

Color, colored

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 169 York St.

Cause of Death, First (Primary), Typho-Malarial complication

Second (Immediate), Exhaustion

Duration of Last Sickness, 3. weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pr. Cemetery

Date of Burial, April 2nd 1885

Undertaker, Jno. W. Shaw

Place of Business, 198 S. Howard St. *Address,* 1146 Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics. Ward 10th

Permit No. 8267

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Poke

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.} Wd

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} all life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 19 Wasche St.

Cause of Death, First, (Primary,) Heart Disease & old age.

Second, (Immediate,) Apnoea or asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 1st 1885

Undertaker, Chas. W. Chase

Place of Business, 195 S. Howard

Robt. J. Wilson M. D., Medical Attendant.

Address, 152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84672 *Office of Registrar of Vital Statistics.* (15

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 30 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant of Eliza Mullen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 24 hours *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or Country and how long in the United States, if of foreign birth. } 1669 Lillie Church St

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } No 69 Lillie Church St

Cause of Death, First, (Primary.) Dont know

Second, (Immediate.)

Duration of Last Sickness, 24 hour

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 2nd 1885

Undertaker, Henry W. Chase

Place of Business, 195 S. Howard St

Hubert M.D.,
Medical Attendant.

Address, No 36 Lewis St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82673 *Office of Registrar of Vital Statistics.* Ward 7a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Schraye

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Peddler

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, 3 months

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Typhoid Fever

Second, (Immediate,) Asthenia

Duration of Last Sickness, Few days

All the above Information should be furnished by the Physician.

Place of Burial, Shel Shallom Cemetery

Date of Burial, April 1 S. D. Fisher M. D.,

Undertaker, W. Eilau Medical Attendant.

Place of Business, 101 Fayette St *Address,* 100 Eagle & Fayette Streets

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82674 *Office of Registrar of Vital Statistics.* Ward 17 4/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK OF THE BOARD OF HEALTH APR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 31st March 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christopher Jos Murray

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 6 *Years,* 5 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow or Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 104 Battery Ave

Cause of Death, First (Primary), Pneumonia and

Second (Immediate), Endocarditis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patricks

Date of Burial, Apr 2nd /85

Undertaker, C. P. Krauser & Son

Place of Business, 209 Hanover.

Edw J Mulholland

Medical Attendant.

Address, 283 W. Lomb...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 82675 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Williams W Steward

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 44 (44) *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Bricklayer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 36 S. Stricker

Cause of Death, First (Primary), Ulceration of Stomach & Bowels

Second (Immediate), " " "

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr 2/85.

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* Cor Arlington Ave & Mosher St

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 84676 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 31 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ouse Rose

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 3 *Years,* 5 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balto md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 62 Hamburg St

Cause of Death, First (Primary), Scarlatina and Diptheria

Second (Immediate), asphyxia

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial Baltimore

Date of Burial, April 2

Undertaker B. Hall

Place of Business. 82 Worth St

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia Ave

HEALTH DEPARTMENT, APR 1885 BALTIMORE, MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Reverse Side of this Certificate.

Health Department, City of Baltimore.

Permit No. 82677 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percie Snaps

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* — *Months,* — *Days*

Color, Black

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} No. 3 N. Bethel

Cause of Death, First (Primary), ...

Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 2nd 1885

Undertaker, W W Madden

Place of Business, 46 East St

Wm F Morris M. D.
Medical Attendant.

Address, 154 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82678 ; *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John H Hill

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.} Married

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 531 North Gilmor St

Cause of Death,
First (Primary),
Second (Immediate) Chronic Hepatitis, V Sul. dropsy,

Duration of Last Sickness, about 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Apr 2 1885

Undertaker D Emory & Mitchell

Place of Business, 550 W Fayette St *Address,* 550 W Fayette St

C V Jones, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82679 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Fredrick Lambert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months.* — *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} No 58 Block St

Cause of Death, First (Primary), Croup

Second (Immediate),

Duration of Last Sickness, 48 Hours

All the above information should be furnished by the Physician.

Place of Burial, Balto. County.

Date of Burial, April 2th 1885

Undertaker, Wm Criscuolus

Place of Business, 253 Main St

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Lac Lan Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 02670

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82680 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
APR 2 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eva J. Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 221 Etting St

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate), Convulsions

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 2d 1885

Undertaker J E Mongh & Co

Place of Business, 298 Penna Ave *Address,* # 279 Belmont St

L G Spencer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82681 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE MD

Date of Death, March 31 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tomas Mally

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 74 S. Caroline

Cause of Death, First (Primary), Carcinoma ventriculi

Second (Immediate), Marasmus

Duration of Last Sickness, 6 mths

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks bem

Date of Burial, ~~March~~ Apl 2. 85

Undertaker, M. A. Dayer

Place of Business, 74 S Bway

J. Mathews M. D.
Medical Attendant.

Address, 245 S. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 82682

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82682 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE, MD. APR 2 1885

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Doherty

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, X *Years,* 9 *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} S. E. Cor Aliceanna & Eden Sts.

Cause of Death, First (Primary), ~~~~~

Second (Immediate), Pneumonia -

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, Apl. 2. 1885

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

N. L. Dashiell Jr. M. D.
Medical Attendant.

Address, 90 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 12615

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82683 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 3 1885

CERTIFICATE OF DEATH.

Date of Death, April 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles H. Conner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore, During life.

Place of Death, {Give Street and Number.} 209 Shield Alley

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week.

All the above information should be furnished by the Physician.

Place of Burial, New Shark's

Date of Burial, April 3d 85

Undertaker, E. Monaghan

Place of Business, 298 Penna Ave *Address,*

H. Rickert *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

11.1

Mrs. Catherine Grant #82684

March 31st 1885

45 years old

Born in Ireland

18 years in Balto. Md.

Place of death 360. Aisquith Street

Cause of death — Consumption

Sick for two years.

Jno. Brooke Boyle M.D.

April 2d 1885

Bonnie Brea

Jas P Byrne
63 Front st

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE, MD.

Having no book I Found this will satisfy you just the same. Will send a blank as soon as I can

J. Boyle

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82685 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Logan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 29 Willow St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cem

Date of Burial, April 2d 1885

Undertaker, Geo P Byrne

Place of Business, Front st

Geo. W. Keenan M. D.
Medical Attendant.

Address, 171 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82686 *Office of Registrar of Vital Statistics.* Ward 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hill

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 100 *Years,* 2 *Months,* [illegible] *Days*

Color, Col

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 39 Moores Alley

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Edmondson

Date of Burial, April 2d 1885

Undertaker, Wm. J. & Gray

Place of Business, Mulberry St. *Address,* [illegible]

Samuel [illegible] M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W. O. Roberts Jr. Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82687

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Ap 1. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Victoria M Gurley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none.

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 1 8 mo

Place of Death, {Give street and number.} 17 Joseph st

Cause of Death, First, (Primary.) Hydrocephaloy

Second, (Immediate.)

Duration of Last Sickness, 13 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 2nd 85 Estelle Atkinson M.D.,

Medical Attendant.

Undertaker, Jno. L. Gray

Place of Business, 765 W Baltimore st *Address,* 119 N Charles st

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 42688 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR. 2 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James L. Browner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Surveyor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chas. Co. Md.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 259 Lieumont ave.

Cause of Death, First (Primary), Gangrene

Second (Immediate), Exhaustion

Duration of Last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Charles Co Md

Date of Burial, April 2 d

Undertaker, W. C. Winchfield

Place of Business, 90 Gurnmount Ave

L B Bond M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special - Jas. Smith

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82689 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

CITY REGISTRAR'S OFFICE APR 11 1885 BALTIMORE MD

Date of Death, April 1st '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth O'Brien

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland, 2 Years

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Puerperal Septicaemia

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters cemetry

Date of Burial, Apr 2 1885

Undertaker, Martin Fahey

Place of Business, 128 Lowndes

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82690 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE MD

Date of Death, Mar 31- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline S Waldeck

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months.* ..... *Days*

Color, W

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50- 6 years

Place of Death, {Give Street and Number.} 189 N Mount St-

Cause of Death, First (Primary), Senile Debility

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 2nd 85

Undertaker, F. Lewis Schaub

Place of Business, 109 N Fremont

H C J Houck M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82691 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia O'Brien

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 26 Warren St

Cause of Death, First (Primary), —

Second (Immediate), Acute Enteritis

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 3rd 1885

Undertaker, Joseph F. Byrne

Place of Business, 89 Lib[illegible]

Wm D Hase M. D.
Medical Attendant.

Address, 158 S Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82692 *Office of Registrar of Vital Statistics.* Ward 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT.
APR 2 1885

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Addie McGowan

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. } Female

Age, 25 *Years,* — *Months,* 27 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Illinois

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, { Give street and Number. } 370 E. Madison Street

Cause of Death, First, (Primary,) —

Second, (Immediate,) Scarlatina

Duration of Last Sickness, 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 3, 1885

Undertaker, John W. Jackson

Place of Business, —

James E. Whiteford M. D.,
Medical Attendant.

Address, 195 Virginia Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82693 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Jones

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, es

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River. A. A. Co Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 1 Jenkins alley

Cause of Death, First (Primary), Heart Disease /

Second (Immediate), " " & Dropsy.

Duration of Last Sickness, 3 months.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3/85

Undertaker, Chas. F. Brown

Place of Business, 2 1/2 N. Eutaw Address, 307 Madison Ave

Wm B Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82694 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED APR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Hutzler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 110 McCulloh

Cause of Death, First, (Primary,) Diphtheritic Croup

Second, (Immediate,) Anemia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Har-Sinai

Date of Burial, April 3d 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

J E Chataud M. D.,
Medical Attendant.

Address, 114 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 12695 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 2 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 3 *Months* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 298. McHenry St

Cause of Death, First (Primary),

Second (Immediate), Rickets

Duration of Last Sickness, about 2. Mths.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, Apr. 3/85

Undertaker, J. B Cook

Place of Business, 209 W Balto St *Address,* 582. W. Fayette

W. R. McKnew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82696 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED VERIFIED APR 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza S. Lee

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 53 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 363 Gay St.

Cause of Death, First, (Primary,) Cancer of Rectum, Uterine

Second, (Immediate,) .....

Duration of Last Sickness, 17 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 3rd 1885.

Undertaker, Wm H Hickman

Place of Business, 234 Gay St

H. F. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82697 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1885

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R Stuckfus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No 12 Polruzeph St

Cause of Death, First (Primary), Incipient Phthisis Pulmonalis

Second (Immediate), Heart Clot

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, April 3 1885

Undertaker, G. France

Place of Business, Bank & Wolf Sts

E. Williams M. D.
Medical Attendant.

Address, 33 Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the [redacted] to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82698 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Reynolds

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} No 112 Henrietta St

Cause of Death, First (Primary),

Second (Immediate), Puerperal Peritonitis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Onancock, Accomack county Va.

Date of Burial, April 3rd 1885

Undertaker, Ernst Ehlman

Place of Business, 180 S. Sharp St. *Address,* 15 1 Hanover St

L. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superinteuding the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Transit 3650

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82499 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Osborn Upshur

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 38 1/2 St Mary Pl

Cause of Death, First (Primary), Chronic Atrophy

Second (Immediate), Acute Hydrocephalus

Duration of Last Sickness, —— Indefinite

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3rd 1885

Undertaker, Abf Hennessey

Place of Business, 1160 Orchard 22

J. E. Atkinson M. D.
Medical Attendant.

Address, 19 Cathedral Pl

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82700 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Lane

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ *Months,* 14 *Days*

Color, Mulatto

Married, Single, ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 57 Chestnut al.

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give Street and Number.} 57 Chestnut al.

Cause of Death, First (Primary), Inanition

Second (Immediate), Cachexia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3 1885

Undertaker, Abt Hemsley

Place of Business, 116 Orchard St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician previously named to the Health Board below, and to Lists of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 52761 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Harris

Sex, Male or Female, {Cross out the word not required in this line.} Mal

Age, — *Years,* 6 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 120 Gaspar St

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) ~~Lung Disease~~

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial Evergreen Cemetery

Date of Burial April 3rd 85

Undertaker, Abt Hemsley

Place of Business, 11 Orchard St

J. A. Lewis M. D.,
Medical Attendant.

Address, 180 W Biddle

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82702 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 2/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 9 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 8 Cannon St.

Cause of Death, First (Primary), Catarrhal fever

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cemetery

Date of Burial, Saturday April 4th

Undertaker, John Brown

Place of Business, 224 S. Bethel

R. M. Manfuid M. D.
Medical Attendant.

Address, 50 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 82703

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82703 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 3 1885

Date of Death, April 3 d

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Ohnesorch

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* - - *Months,* - - *Days,*

Color,

Married, ~~*Single,*~~ ~~*Widow or*~~ ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation - - - - - -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany (Berlin)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 256 N. Wolfe St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Asthenia 4

Duration of Last Sickness, about one week

the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 6th 1885

Undertaker Adam Pfaff

Place of Business, 116 N. Gay St.

Thomas J. Simms M. D.
Medical Attendant.

Address, 242 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore, 9

Permit No. 82704

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lily Atkinson

Sex, ~~Male or~~ *Female,* {cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Nil

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 42 Lexington St.

Cause of Death {First, (Primary,) Pneumonia / Second, (Immediate,) Apnoea

Duration of last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 3rd 1885

Undertaker, Sam'l R. Chase

Place of Business, 198 S. Howard St

Eugene F. Fordell M. D.
Medical Attendant.

Address, 125 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 62705 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Julia F. Essex.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 36 *Years,* *Months.* *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co. Md.

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give Street and Number.} 56 S. Paca St.

Cause of Death, First (Primary),

Second (Immediate), Erysipelas. (Facial)

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Calvert Co.

Date of Burial, April 4th 1885

Undertaker, John J. Martin

Place of Business, No 150 Camden

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3457 3457

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 82706 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Wagner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 13 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 3 Elizabeth Court

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, 1 day

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 3rd 11

Undertaker, H B Hark

Place of Business, No 52 West St

O. A. Cooke M. D.
Medical Attendant.

Address, 210 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82707

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Niemann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 20 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 732 N. Pratt St

Cause of Death, First (Primary),

Second (Immediate), Scalded with hot water

Duration of Last Sickness, About 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holton's

Date of Burial, April 3

Undertaker, B. Healy

Place of Business, 61 West St

W. R. McKeown M. D.
Medical Attendant.

Address, 682 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82708 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mary Cropper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widowed

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball City Since birth

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give Street and Number.} 185 N. Eden St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Marasmus

Duration of Last Sickness, Four days Definitely

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 4/85

Undertaker, Chas S Fry

Place of Business, 81 W Baltimore

R O Slack M. D.
Medical Attendant.

Address, 1 E Eager cor Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82109

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 3 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2d 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Samuel C Higby

Sex, ~~Male or Female~~, { cross out the word not required in this line. }

Age, 64 *Years,* 8 *Months,* 14 *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation, Shoe Carpenter

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } ~~House~~ 31 Elliott St

Cause of Death { First, (Primary,) Fracture of Femur (accident)
Second, (Immediate,) Compression of Brain

Duration of last Sickness, Few hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1885

Hall Rucker M. D.
~~Medical Attendant.~~

Undertaker, Denny & Pitchett

Place of Business, 65 S Broadway Address 65 & 67 Aisquith

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82710 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Granderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months.* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 60 Vine St

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial,

Undertaker, Samuel Chase

Place of Business,

John A Steiner M. D.
~~Medical Attendant.~~

Address, Camp 6 M.V.C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his orther last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Prospector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 5271 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence E Bell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* 17 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 117 S. Pappleton St

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 3

Undertaker, Jos. H. Cook

Place of Business, 707 W. Balto

Wood Black M. D.
Medical Attendant.

Address, ——

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No 82712 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Agnes Lunsden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 67 *Years.* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Edenborough Scotland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and Number.} # 33 Stiles St

Cause of Death, First (Primary), Cardiac Dropsy

Second (Immediate) Cardiac Dropsy with Complications

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 3

Undertaker Hugh Sweeney

Place of Business, 60 E Balto St

J W J Englar *M. D.*
Medical Attendant.

Address, 394 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82713 *Office of Registrar of Vital Statistics.* Ward 28

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Norris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland -

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} 3 Rice Street

Cause of Death, First (Primary), Epilepsy

Second (Immediate), Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Apr 3 1885

Undertaker, William Norris

Place of Business, No 62 East St

J Harvey Hill M. D.
Medical Attendant.

Address, Edmondson & Carlton L

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82714 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE, MD.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maurice Stzoc

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 20 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md Life

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 179 Hanover St

Cause of Death, First, (Primary,) Diphtheria

Second, (Immediate,) .....

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetary

Date of Burial, Apr 3rd 1885

Undertaker, C.F. Krauss & Son

Place of Business. 209 Hanover. *Address,* .....

C. Smith M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82716 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 24 April 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Gibbons.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Forty nine, 49 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Contractor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} Academy Hotel. Cor Franklin & Howard Sts Balt

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnet Shoe

Date of Burial, April 4th 85

Undertaker, Hoffstetter Son

Place of Business, Park & Saratoga

W. C. Van Bibber M. D.
Medical Attendant.

Address, 417 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 52716 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 3 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry A Simmons

~~Sex~~, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 31 yrs

Place of Death, {Give Street and Number.} 95 Lanvale

Cause of Death, First (Primary), Abscess of Liver

Second (Immediate), Dysentery

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, April 3rd 85

Undertaker, H Co Jackson Sons

Place of Business, Park & Laf

A B Thomas M. D.
Medical Attendant.

Address, 143 E Chase

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82117 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Winston Wright

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* Twenty one *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 203, W Lombard

Cause of Death, First (Primary),

Second (Immediate). Tubercular Meningitis

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Pappahannock Va

Date of Burial, April 3rd 1885

Undertaker Wm Weaver F. T. Miles M. D.

Medical Attendant.

Place of Business, 202 N Eutaw *Address,* 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3652

[over.]

Board of Health, City of Baltimore,

Permit No 82718 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alexander S. McKay

Sex, Male or Female. {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 214 Lanvale

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion with Pulmonary hypostases

Duration of Last Sickness, Several Months. In bed 6 days

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 4th 1885

Undertaker Wm Weaver.

Place of Business, 202 N. Eutaw St

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82719 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edward J Richardson

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 23 *Years,* — *Months,* — *Days,*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and Number.} 92 Townsend St. W.

Cause of Death, First, (Primary,) Phthisis Pulmonalis -

Second, (Immediate,)

Duration of Last Sickness, 2 Years -

All the above information should be furnished by the Physician.

Place of Burial, ~~April 4 1885~~

Date of Burial, April 4 1885 Loudon Park Cem

Undertaker, Jno N McCoy

Place of Business, X 10 Fayette St

Chas. H. Riley M. D.,
Medical Attendant.

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82720 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Bucher

~~*Sex,*~~ ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 10 *Months.* 3 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. Forty three Years

Place of Death, {Give Street and Number.} 224 Canton Avenue

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, One Day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5th 1884

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

Nicholas L. Dashiell M. D. Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82721 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka Birkholz

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5-6 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 yrs.

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion from bad Bowels & Diarrhea

Duration of Last Sickness, Diarrhea - 2 mos.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 4 1885

Undertaker, H. Roach

Place of Business, Central Ave.

Oscar J. Cotton M. D.
Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 82722 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 2d 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur C. Pascal

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} X

Age, 2 *Years,* 10 *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~87 Richmond St.~~ Balto

Duration of Residence in the City of Baltimore, ~~87~~ 2 yrs since

Place of Death, {Give street and Number.} 87 Richmond St

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.) Apnoea and Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 4 1885

Undertaker, Act Hensley

Place of Business, 116 Marshall St

Robt T. Wilson M. D.,
Medical Attendant.

Address, 152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

1 11

Permit No. 82723

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Lennie Gunder.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, — *Years,* — *Months,* 30 *Days.*

Color, White. *Sex,*

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} 123 Port Alley.

Duration of Residence in the City of Baltimore, 30 days.

Place of Death, {Give street and number.} 123 Port Alley

Cause of Death, {First (Primary,) Pneumonia. Second (Immediate,) Convulsions.

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, St Michaels Cem. J. H. Bockrill M. D.

Date of Burial, 4 April 1885 Medical Attendant.

Undertaker, John C Johnson *Address* 23 S. Broadway.

Place of Business, 265 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8272 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Burke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give Street and Number.} 324 S. Bond St

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, 5 April 1885

Undertaker, John C. Schuh

Place of Business, 265 Aliceanna *Address,* 59 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82725 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPT. APR 4 1885 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Keeps House

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 1 Hall St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days. She was attended by Dr Martin

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas' Cem.

Date of Burial, April 4th 85

Undertaker, G. Frazer

Place of Business, 1 Jones Wolf Address, 218 Dugan Lane

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82726 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Philip C. Wolf~~ April 2-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip C Wolf

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 154 E Lombard

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Emmanuel Cemetery

Date of Burial, April 4th 1885

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline Address, 1. S. Exeter

F. F. Unger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82727 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Virginia Doyle

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, house keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 149 S. Washington

Cause of Death, First (Primary), heart disease

Second (Immediate), cardiac thrombosis (probably)

Duration of Last Sickness, 15 Mins. Duration of heart disease unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, April 4th 1885

Undertaker, H. B. Sands & Son

Place of Business, 252 Canton Ave. *Address,* 1 S. Broadway

Jno. S. Lynch, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 82728 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Alston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Odessa, Delaware

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Brights disease (Parenchymatous)

Second (Immediate), Exhaustion

Duration of Last Sickness, Six years.

All the above information should be furnished by the Physician.

Place of Burial, Middletown Del.

Date of Burial, Apr. 4/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* University Hospital

C. H. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84729 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Mueller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69. *Years,* *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Saxon-Coburg. Germany

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 246. Alice Ann St.

Cause of Death, First (Primary), Bright's disease of Kidneys

Second (Immediate), and Cardiac complication. + Dropsy.

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, 1th German Cem[illegible].

Date of Burial, April 6th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann

A. J. Gosmiller M. D.

Medical Attendant

Address, 96 South Nav St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82730 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elora Welch

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 88 Burgundy Alley

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 3 1885

Undertaker, Hercules Ross

Place of Business, 95 Low West St

I H Harvey M. D.
Medical Attendant.

Address, 760 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82731 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs. Anne L. Newcomb.

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 53 *Years,* 6 *Months,* 11 *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Philadelphia.

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death. {Give street and Number.} Hosp. for Women of Maryland - 25 Mc Culloh

Cause of Death. First (Primary), Abdominal Tumor. Operation.

Second (Immediate), Septicaemia.

Duration of Last Sickness, 3 years — after operation 3 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 4/1885

Undertaker Armstrong Bros

Place of Business, 263 Light

W. T. Howard. M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 42732

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1935 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josephine Akerl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 206 William st

Cause of Death, First (Primary,) Chronic Bronchitis

Second (Immediate,) Asthenia

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 3rd 1885

Undertaker, Armstrong & Sons

Place of Business, 203 Light St

T Daugherty M. D.
Medical Attendant.

Address 157 Hamburg st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 82733 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Thomas Deiger

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* 2 9 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 74 S. Broadway

Cause of Death, First (Primary), Heart disease

Second (Immediate), Failure of circulation. Cardiac dilatation

Duration of Last Sickness, 12 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, Mar. 6th 85

Undertaker, W. A. Staiper

Place of Business, 74 S Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Address, 1 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82734 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 4 1935 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3 1935

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Miller

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 1 *Years,* *Months.* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 352 Cross St

Cause of Death, First (Primary),

Second (Immediate), Membraneous Croup

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 5 1935 L. C. Buck M. D.

Medical Attendant.

Undertaker, Barkley & Son

Place of Business, 642 W Balto *Address,* 15 N Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82735 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane Clancy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 163 Garden Mount Ave.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, Greenmt Cimetery

Date of Burial, April 3d

Undertaker, H. C. Windefeld

Place of Business, 9a Greenmount Ave *Address,* ...

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 42936 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Holtz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months.* — *Days*

Color, Wht

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Broom-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 4 Hollingsworth St.

Cause of Death, First (Primary), Aortic regurgitation with left ventricular dilatation

Second (Immediate), Paralysis of heart

Duration of Last Sickness, Death instant

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 4th 1883

Alex. Hill M.D.
Medical Attendant.

Undertaker, Stewart & Mowen

Place of Business, 35 Parkaus *Address,* Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82737 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Nolan

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland, 38 Years

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Metastatic Cancer of Lung

Second (Immediate), Collapse

Duration of Last Sickness, Six weeks months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 4th 1885

Undertaker, James O Byrne

Place of Business, No 63 N Front St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84738 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Hofmann

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* ——— *Months,* ——— *Days*

~~Color~~, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 350 Eastern Ave

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church, Conn

Date of Burial, April 5th 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Eastern Ave *Address,* 170 N Sharp St

[illegible] Gould M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...spection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82739 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cynthia E. Pratt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ~~Months,~~ ~~Days~~

Color, Colored

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} No 38 Saratoga st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Emerly

Date of Burial, April 4th 1885

Undertaker, Wm J Gray

Place of Business, 65 Hamburg st

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82740 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1884 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 1, 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 37 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 57 E Davis St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Only saw it just before death

All the above information should be furnished by the Physician.

Place of Burial, ~~Mrs Catholic~~

Date of Burial, April 4 1884

Undertaker Wm J Gray

Place of Business, 65 McElroy

Goodbrey M. D.
Medical Attendant.

Address, 57 E Davis St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 82741 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Alice V. Jenkins

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} April 3, 1885

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* Five *Months.* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Gay and Hoffman Sts

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, About two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 5

Undertaker, Jacob Ahrens

Place of Business, 28 N. Eutaw *Address,* 367 E. Broadway

W. W. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82742 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 4 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. Lancaster

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 39 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 388 Ramsay St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 5/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* .....

J. Lattimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82743 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Friday April 3d 03

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles H. Waters

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 80 *Years,* 1 *Months,* 12 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give street and Number.} 61 Fillmore St

Cause of Death, First (Primary). Old age

Second (Immediate). General debility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Crownsville C. and A. R.R.

Date of Burial, April 5/03

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 51 N. Calvert St

C. Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3652 Transcribed [OVER.]

No. 2744

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8274 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Mortmann

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 8 y *Years,* 2 m *Months.* — *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Fifty four.

Place of Death, {Give street and Number.} Cor. Light St & Warren Ave

Cause of Death, First (Primary), Hydrothorax

Second (Immediate), Exhaustion

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, April 5th

Undertaker Andrew Kehde

Place of Business, 45 Penna Ave

W. L. H. Reese M. D.
Medical Attendant.

Address, 47 Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No 2745

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8274 **Office of Registrar of Vital Statistics.** **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillian Say Standforth

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give street and Number.} 298 N Monroe

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 years

All the above information should be furnished by the Physician.

Place of Burial, Calvert Comty

Date of Burial, April 5th 1885 Jno. R. Duncan *M. D.*

Medical Attendant.

Undertaker Tiny & Mitchell

Place of Business, 550 W Fayette st *Address,* 1362 N Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3653 Frank [OVER.]

No. 8 2 7 4 6

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8 2 7 4 6 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac L Lee

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* ~~—~~ *Months,* ~~—~~ *Days,*

Color, White

~~*Married,* *Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Maryland

Duration of Residence in the City of Baltimore, Most of her life

Place of Death, {Give street and Number.} 1414 Arlington ave

Cause of Death, First (Primary), ~~—~~

Second (Immediate) Paralysis

Duration of Last Sickness, ~~—~~

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, April 4th 1885

Geo H Carries M. D.

Undertaker D Cemy & Mitchell (Medical Attendant)

Place of Business, 550 W Fayette St *Address,* for D Cemy & Mitchell

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82747 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 4 1885 BALTIMORE MD.
HEALTH DEPARTMENT APR 4 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew F. Fritz

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* 8 *Months.* *Days*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 8 Mos

Place of Death, {Give Street and Number.} 100 Balt. ave

Cause of Death, First (Primary), Scarlet fever

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Agnes

Date of Burial, April 5th "

Undertaker, B. Hall

Place of Business, No 82 West

Wm. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82748 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 4 1895
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Barnett Jr

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 9 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Bookbinder

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 29 yrs —

Place of Death, {Give street and Number.} 342 Hanover St —

Cause of Death, First, (Primary,) Tuberculosis

Second, (Immediate,) Asthenia —

Duration of Last Sickness, 5 mos —

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, April 5th "

Undertaker, B. Hearle

Place of Business, No. 82 West

Chas Jones M. D.,
Medical Attendant.

Address, 226 Montgomery St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82749 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 4 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Spencer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 62 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher Market

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} Hammerman Packing House

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April the 5th

Undertaker, Bernard Earle

Place of Business, No 2 West St

~~Dr. A. Boyce~~ M. D.
Medical Attendant

Coroner

Address, 111 E. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 02750

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 3

Permit No. 82757 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter George Kite

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 10 *Months.* 11 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} E. Fayette St. 766

Cause of Death, First (Primary), Dentition

Second (Immediate), Eclampsia

Duration of Last Sickness, twenty four hours.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 5th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman Address, 3 & 5 S. Broadway

W. H. White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8475 / *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Mc.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 105 Jefferson

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6th

Undertaker, Geo Schilling

Place of Business, Aisquith Eutaw

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Rsmarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82752 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna M. Hooper

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 26 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Port City

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} N. W. Cor Eutaw & Lanvale

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 or 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bonaberg Cemetery

Date of Burial, April 4th 1885

Undertaker, J. H. Rios

Place of Business, 158 W. Pratt St

Wm. Thos. [illegible] M. D.
Medical Attendant.

Address, 161 S. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 82753 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 3 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John C. Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 (?) *Years,* *Months,* *Days*

Color, Negro.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 194 Preston

Cause of Death, First (Primary), Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, About a year

All the above Information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, April 4

Undertaker, H. Kennedy

Place of Business 116 Orchard *Address,* Dallas Gen. Disp

H. M. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(2

e Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled* t, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or ooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 4 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, Sunday April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Ballard

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Surfanna (about 3 years)

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number} Patapsco River (city dock)

Cause of Death {First, (Primary,) Drowned

Second, (Immediate,) Drowned

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E-Pub Cemetery

Date of Burial, April 4th 1885

Undertaker, Geo Rinehart

Place of Business, Forest Place

D. Hall Kuttler M. D.
Medical Attendant.

Address, 1 N Gay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 82755

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82755 *Office of Registrar of Vital Statistics.* Ward 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Wright

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 62 *Years,* — *Months,* — *Days,*

Color, C

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ { Cross out the word not required in this line. } Widow

Occupation Nurse

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Annarundel Co

Duration of Residence in the City of Baltimore, Six Months

Place of Death, { Give street and Number. } 14 East Street

Cause of Death, First (Primary), Asthma

Second (Immediate), Valvular Disease of Heart

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Magility, Att Co

Date of Burial, Apr 5 1885

Undertaker William N Dorsey

Place of Business, 62 East St

Whitefield Winsey M. D.
Medical Attendant.

Address, 1168 Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3656 Transit [OVER.]

8275 6

-OF-

CERTIFICATE OF DEATH.

(To be Retained by Physician.)

11th

Date of Death, ~~Jacob~~ Apr. 11. 1885

Name of Deceased, Jacob B. Gross 8275 6

Sex, Male ~~or Female~~

Age, 54 years.

Color, Negro.

Occupation, Laborer

Birthplace, Balto

Duration of Residence in B. C., During Life

Place of Death, 43 Moore St.

Cause of Death, First, (Primary,) Chronic Mitral Disease

Second (Immediate,)

Duration of last Sickness, One Week

REMARKS.

H. M. Wilson M. D.

Balto Gen. Disp.

New Cathedral

~~St Peters Balto~~

~~W. 2 Inst~~

Morgan Pye

HEALTH DEPARTMENT
APR 4 1885
BALTIMORE, MD.

CITY PRINTING AND STATIONERY

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82757 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elenore Boone

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... Six *Months,* Three *Days,*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore and

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 33 Vincent alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) .....

Duration of Last Sickness, all life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 4th 1885 W W Wright M. D.,

Undertaker, Geo W Perkins Medical Attendant.

Place of Business, 221 Hanover St *Address* 221 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82758 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1935 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernst. Stefan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 24 Little Mc Elroy's

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, April 5th.

Undertaker, Wilson & Grace

Place of Business, Scarlins St 142 *Address,* 137 Elm

..... *M. D.*
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82759 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 3 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara V. Burkman

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* 17 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1. S. Exeter

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate), Hypostatic Congestion

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, Apr 5th 85

Undertaker, G. Franz

Place of Business, 1 Jones & Wolfe Sts *Address,* 1. S. Exeter

F. F. Mayer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82760 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 4 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Carson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 Dover St

Cause of Death, First (Primary), Imperfect development of heart

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing

Date of Burial, April 5th 1885

James Bosley M. D.
Medical Attendant.

Undertaker, Geo. W. Carson

Place of Business, 16 Dover St *Address,* 219 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8276 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Gale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 16 mo's

Place of Death, {Give street and Number.} 70 Vincent Street

Cause of Death, First (Primary),

Second (Immediate). Convulsions

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5 1885

Undertaker W H Chase

Place of Business, 99 S Howard St

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W Baltimore Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82764 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE APR 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 4 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elise Schlein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 59 *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} Calvert Road 7

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, 6 April 1885

Undertaker, John P. Paules

Place of Business, 66 Fred Road

A F Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 82765

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82763 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 4/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilhelmina Meyer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months.* — *Days,*

~~*Color*~~,

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Household Duties —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death. {Give street and Number.} 193 Fred'k ave

Cause of Death, First (Primary), Typho-Malarial fever

Second (Immediate), —

Duration of Last Sickness, 7 to 10 d/s —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, April 5th 1885

C. C. McDowell M. D.
Medical Attendant.

{ *Undertaker* John E. Pauly
{ *Place of Business* 66 Fred. Ave. *Address,* 338 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8276 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann M Price

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* 1 *Months,* 25 *Days*

Color, White

Married, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, 14 Years.

Place of Death, {Give Street and Number.} 157 Forest St.

Cause of Death, First (Primary), Senile Debility

Second (Immediate), Edema of Lungs

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, April 6th 1885

J. H. Robinson M. D.
Medical Attendant.

Undertaker, Geo. H. Hickman

Place of Business, 134 N. Eutaw St. *Address,* 25 Fr Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3657 Turner

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

HEALTH DEPARTMENT APR 1 1885 BALTIMORE

Permit No. 8276 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Wm. Emma Rochester

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 3 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 122 S. Chester St.

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness, One day.

All the above information should be furnished by the Physician.

Place of Burial, Bauchmans Cem

Date of Burial, Apl 5th 1885

Undertaker, Jno C Schuh

Place of Business, Alice Ann St

James A Stems M. D.

~~Medical Attendant.~~ Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E Duvang = Suspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8276 6 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S APR 5 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Morris Cooper. (Parents

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 1 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 458 Hughes St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem

Date of Burial, Apl. 5th 1885

Undertaker, Jacob Davis

Place of Business, 251 Montgomery St

John A. Steuart M. D.
Comm. of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E. Dunning Undertaker

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82767 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 4th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Wm Becker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 9 *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give Street and Number.} 8 Leadenhall

Cause of Death, First (Primary), convulsions

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hrs. about

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 6th

Undertaker, E. Schlosman

Place of Business, 184 E. Baltimore St. *Address,* 29 E. Chase St.

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84768 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H Mitchell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 5 *Months,* 4 *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 289 Wm St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet C.

Date of Burial, April 6

Undertaker, B. Hoole

Place of Business, 52 West St

Theodore Cook M. D.
Medical Attendant

Address, 44 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 8270

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82769 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE.

Date of Death, April 4/85

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Ino. G. Popp

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, 8 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} Res. 2 nr Leight - no number

Cause of Death, First (Primary), Malignant

Second (Immediate), Scarlet fever

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Ft Olivet Cem

Date of Burial, April 6

Undertaker B. Hall

Place of Business, 52 West St

Jno W Smith M. D.
Medical Attendant.

Address, 29 S. Charles

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 82[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi[illegible]

Health Department, City of Baltimore.

Permit No. 82770 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

1985 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Apr. 3rd '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John M. Adams

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, 1 *Years,* 1 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto - Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 9 Hope St.

Cause of Death, First (Primary), [illegible]

Second (Immediate), Inflammation of the bowels

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, 5th April

Undertaker, H. C. Burnside

Place of Business, 93 Fremont St. *Address,*

Jas. Buchanan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 8 2771 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE

Date of Death, April 3 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Morgan.

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Month, Days

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, One Month

Place of Death, {Give Street and Number.} 3 Carey Street

Cause of Death, First (Primary), Hereditary Syphilis

Second (Immediate),

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 5th

Undertaker, H. C. Winkfield

Place of Business, 90 Gunmit Ave

Hiram Woods M. D.
Medical Attendant.

Address, University Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 82772 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine McGowen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 20. *Years,* ... *Months.* ... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} E. Ridgely st

Cause of Death, First (Primary), [redacted]

Second (Immediate), Nervous Shock

Duration of Last Sickness, 40 hours

All the above information should be furnished by the Physician.

Place of Burial, Boniface

Date of Burial, April 6

Undertaker, [redacted] Hyde

Place of Business, West St

C. L. Buddenbohm M. D.
Medical Attendant.

Address, 66 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82773 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche I. Bowman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 21 *Years,* 4 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore. 4 years

Place of Death, {Give Street and Number.} No 109 Montgomery st

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudenhill Cemetery

Date of Burial, April 6

Undertaker, Hushing & Deems

Place of Business, No 263 Light Address, 15 N Howard st

J. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 82774 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE MD.

Date of Death, April 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. A. Coulter

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 46 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ ~~Widow~~

Occupation, Copper Smith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 118 Hughes St

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, Apl 6

Undertaker, Ansley & Dunn

Place of Business, No 263 Balt St

H. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82775 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 3 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* ... *Months,* ... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} Exeter St

Cause of Death, First (Primary), ...

Second (Immediate), Dropsy

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 5th

Undertaker, Garrow and Co

Place of Business, 158 N Calvert *Address,* Exeter St

O'Mahony M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th

Health Department, City of Baltimore.

Permit No. 82776 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885,

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William H. Kassmeir

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 18 Palmer st

Cause of Death, First (Primary), Nephritis

Second (Immediate),

Duration of Last Sickness, 11 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, 6th April

Undertaker, Ernst Schlaman

Place of Business, 181 S Sharp st *Address,* 166 W Pratt st

C. L. Buddenbohn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82777 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Stockman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ... 1 *Months.* ... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 70 S. Chappel St.

Cause of Death, First (Primary), ...

Second (Immediate), Meningitis.

Duration of Last Sickness, Seven days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 6 1885

Undertaker, Spiritual Temp

Place of Business, 55 South

A. F. Erich M. D.
Medical Attendant.

Address, 95 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 82778 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 4th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Guy S. Roy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 218 Prince St

Cause of Death, First (Primary), Hydrocephalus

Second (Immediate),

Duration of Last Sickness, 9 hours (Syph.)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 6th 1885

Undertaker, H. Lewis Schaefer

Place of Business, 100 W Fremont *Address,* 23 E. Ed. ave

H. F. Price M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82779 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 5th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Harrison

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, Pr

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 327 Light st

Cause of Death, First (Primary), Cerebro Spinal Meningitis (Inflammation)

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto county

Date of Burial, April 7 1885

Undertaker, Cumshaw & Cumshaw

Place of Business, 262 E Pratt

16 W Webster M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 82780 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Barclay

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* ..... / *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 426 E. Chase St.

Cause of Death, First (Primary), Tissues of abdomen

Second (Immediate), Asphyxia

Duration of Last Sickness, From time of birth

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 6 1885

Undertaker, H. A. Darger

Place of Business, 74 S. Bro

G. G. Lusk M. D.

Medical Attendant.

Address, Balt. & Wash. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82781 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Hausmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* 10 *Months.* *Days*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 334 Myrtle Ave

Cause of Death, ~~First~~ (Primary), 2nd Cerebral Apoplexia

~~Second~~ (Immediate), 1st Endarteritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cy

Date of Burial, Apr 6th 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS, 33 [illegible]

Place of Business,

Henry Lahrer M. D.
Medical Attendant.

Address, 169 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 82782

Office of Registrar of Vital Statistics. 14 "

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margret L. Storch,

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months,* 18 *Days.*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, None,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} 426 E. Saratoga St,

Cause of Death, First, (Primary.) Pneumonitis.

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, April 6/85

Undertaker, J. B Cook

Place of Business, 707 E. Balto St

J. A. Lehmann *M.D.,*
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 82783 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Fisher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 269 S. Amer St.

Cause of Death, First (Primary), Typhoid Malarial Fever

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore City

Date of Burial, April 6 1886

Undertaker, F Creech & Co

Place of Business, 215 S Amer St.

John H. Rehberger M. D.
Medical Attendant.

Address, 463 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 82784 *Office of Registrar of Vital Statistics.* Ward 72

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane Bonne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 52 yr

Place of Death, {Give street and Number.} 332 E Chase st

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, Several years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 7th

Undertaker Geo Schilling

Place of Business Ashland Square *Address,* 228 E. Pratt st

M. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82785 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Wiseth

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 6 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 32 E Pratt St

Cause of Death, First (Primary), Feeble constitution

Second (Immediate), Pneumonia

Duration of Last Sickness, During life

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 6 1885

Undertaker, John W Jackson

Place of Business, Caroline & Gay Sts *Address,* 116 N Broadway

Milton S Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 82786 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 6 1885

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ludwell L Richter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 79 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, Forty yrs

Place of Death, {Give Street and Number.} 82 Wathen St

Cause of Death, First (Primary), Old age

Second (Immediate), General debility

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 6 1885

Undertaker, Wm J Tiehner

Place of Business, 65 S. Eutaw / *Address,* 311 W Lombard St.

B Z Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 82787 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jason Stockbridge

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 78 *Years,* 3 *Months,* 13 *Days,*

Color, White

Married, ~~Single~~ ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Hotel Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Massachusetts

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give street and Number.} No 80 Camden St.

Cause of Death, First (Primary). Paralysis

Second (Immediate). Exhaustion

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, April 6 1885

Undertaker Wm J. Tiekner

Place of Business, 65 S. Eutaw *Address,* 68 Sharp St

Chas. F. Stewart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 82788 *Office of Registrar of Vital Statistics.* Ward 6 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 5. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Lucian White.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, About 30 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 167 E. Pennsylvania Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Four months

All the above Information should be furnished by the Physician.

Place of Burial, M E Cemetery Philad Road

Date of Burial, April 7/85

Undertaker, Wm S Fay

Place of Business, 87 N Broadway

G. G. Luck M. D.
Medical Attendant.

Address, 292 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 82789 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4. '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Dundon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 30 years

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis Pulmonum

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 6th 1885

Undertaker, Geo Leimbach

Place of Business, 389 W. Pratt St

C. K. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 82790 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Carney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 10 *Years,* 5 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Towanda, Pa. U.S.A.

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give street and Number.} 21 York St

Cause of Death, First, (Primary,) Intussusception.

Second, (Immediate,) " Congestion.

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 7th 85

Undertaker, M. Dooley

Place of Business, 200 S. Charles St.

Signed Geo. A. Bacon M. D.,

~~Medical Attendant~~

Address, 151 S. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82791 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 4 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Kirby

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months.* — *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Harness-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton, Md.

Duration of Residence in the City of Baltimore, 34 years.

Place of Death, {Give Street and Number.} No. 258 N. Caroline St.

Cause of Death, First (Primary), Fatty degeneration of vessels of brain

Second (Immediate), Apoplexy — in all probability

Duration of Last Sickness, Instant Death.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April 6th 1885

Undertaker, Wm. H. Bickman

Place of Business, 2340 Jay St

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 82792 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4' 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Waidner

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 Bakers Court

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, April 6th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 1094 Fremont *Address,* 76 Aisquith St

A. H. Gurney *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 82793 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 6 1885

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Ray

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* —— *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Va.

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give street and Number.} 323 N. Mount st.

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 6th 1885

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 152 Lanvale st

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 82794 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 6 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, March 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada Hopkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 5 Rear Walk alley Eighth ward

Cause of Death, First (Primary), Cyanosis

Second (Immediate), Asthma

Duration of Last Sickness, 5 D

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Cem

Date of Burial, April 1st 1885

Undertaker, H A Reichmuth

Place of Business, City Hall

W. S. Bowie M. D.
Medical Attendant.

Address, 710 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 8795 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Murnane

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1½ *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 33 Marsh Pl. & Mar

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion, 2 hours

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 6th

Undertaker, H. C. Windefeld

Place of Business, 90 Greenmount Ave *Address,*

Geo. Blackwood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as me can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and date of death.

[over.]

Board of Health, City of Baltimore, (20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82796

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leila Robertson

~~Sex, Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* Two *Months,* Seven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 190 Arlington Ave. Balto. Md.

Cause of Death, First (Primary,) Bronchial Catarrh

Second (Immediate,)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem'y

Date of Burial, Apr 7th 1885

Wm McVickerson M. D.
Medical Attendant.

Undertaker, D Emmy & Mitchell

Place of Business, 5508 Fayette St

Address Arlington & Harlem Aves

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82797 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4.05.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Boden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months,* *Days,*

Color W

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Drayman

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 10 Pierce St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 6 1885

Undertaker, S H Shaw

Place of Business 1980 Howard St

Wm H Eastman M. D., Medical Attendant.

Address, Hay Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82798 *Office of Registrar of Vital Statistics.* Ward 1 1K

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Finis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 26 S Patterson Park ave

Cause of Death, First (Primary),

Second (Immediate), Asthma

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical

Date of Burial, April 6 1885

Undertaker, H. Saudus Son

Place of Business, 252 Caton Ave

James H Sloan M. D.
~~Medical Attendant~~

Compton Rd
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82799

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dora Smith

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 20 *Years,* 20 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Va.

Duration of Residence in the City of Baltimore, ~~2 weeks~~ 2 months

Place of Death, { Give street and number. } 161 W. Lombard St.

Cause of Death, First, (Primary.) Acute Inflammatory Rheumatism during puerperal state.

Second, (Immediate.) Failure of Heart.

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Alexandria Va.

Date of Burial, Monday Apr. 6/85

Undertaker, Hughes Spencer & Co

Place of Business, 66 E Baltimore

F. R. Nordmann M.D.,
Medical Attendant.

Address, 161 W. Lombard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special ——

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

Health Department, City of Baltimore.

Permit No. 82800 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 6 1885 BALTIMORE MD

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgie M. Nott

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 2 *Months,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 313 Louden Ave. Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No 313 Louden Ave

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Heart Disease

Duration of Last Sickness, 4 Weeks

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park Cem'y

Date of Burial, April 6/85

Undertaker, Wm Weaver

Place of Business, 202 N Eutaw St

Sam'l T. Earle

Medical Attendant.

Address, 319 Louden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and th and date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84801 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Ruth.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 41 years.

Place of Death, {Give Street and Number.} 334 Hanover St.

Cause of Death, First (Primary), ...

Second (Immediate), Congestive Chill.

Duration of Last Sickness, ~~Ailing about Three Weeks~~ Chill about 2hrs

All the above information should be furnished by the Physician.

Place of Burial, St. Alfonses Cemetery

Date of Burial, April 7th

Undertaker, B. Harle

Place of Business, No. 82 West Pratt

D. J. O'Sullivan M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 2802

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8280 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
APR 6 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

74

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel S. Brosman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Church Home Infirmary Hosp

Cause of Death, First (Primary), Stab in abdomen

Second (Immediate), Hemorrhage + shock

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, New York State

Date of Burial, April 8th 85-

Undertaker, Metzgar & Son

Place of Business, Park & Saratoga Address, 346 E. Baltimore St

S. W. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3659 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 87803 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nathan and Manicott Parker

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Parents

Age, ~~Years,~~ ~~Months.~~ 2 Hours Days

Color, Black.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 X alley

Cause of Death, First (Primary),

Second (Immediate), Spasms.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shark St Cem

Date of Burial, April 7th 1885 James A Steuart M. D.

Undertaker, H Ross. Medical Attendant

Place of Business, Comm of Health & Registr

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John E Duncan Inspector

KODAK SAFETY FILM

No. 2 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82804 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A

CERTIFICATE OF DEATH.

Date of Death, April 5, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm McGuigan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Albuminuria

Second (Immediate), Pericarditis

Duration of Last Sickness, Three month

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, April 6" 1885

Undertaker, James McIntosh

Place of Business, Waverly, Balto Co. *Address,* City Hospital

Frank C. Bressler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82805 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Bewell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, cd

Married, ~~Single, Widow or Widower~~. {Cross out the words not required in this line.}

Occupation, Oystershucker

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 207 Hamburg St.

Cause of Death, First (Primary), Phthisis Pulmi

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 Year.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1885

Undertaker, Hercules Ross

Place of Business, 75 Con Wayst *Address,* 170 S. Sharp St.

Wm Gould M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 82806 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jerome Brooks.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, About 2 Years

Place of Death, {Give Street and Number.} Thomas' Court.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Bronchitis.

Duration of Last Sickness, About one Month.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 6 1885

Undertaker, Hercules Parr

Place of Business, 95 Con Way st. *Address,* Southern Dispensary

J. M. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

13

Permit No. 84807

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 4 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Audrey Upsher

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 1 *Years,* 8 *Months,* 24 *Days.*

Color, Colored *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. } Single

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } No. 136 Raborg St

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 136 Raborg St.

Cause of Death, { First (Primary,) Second (Immediate,) } Pneumonia

Duration of Last Sickness, About two weeks I think though Said Aff't See it until Tuesday night

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Cemetery

Date of Burial, April 6 1885

John C. Harris M. D.
Medical Attendant.

Undertaker, Her Culer Root

Place of Business, 95 Con Way St *Address* No 360 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 82808 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Miller

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ~~*Months,*~~ *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and Number.} Baltimore University Hospital

Cause of Death. First (Primary). —

Second (Immediate). Phthisis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 6th 1885.

Undertaker John Lafe

Place of Business, 201 Balt St *Address,* Balt University Hospital

C. T. Steele M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 82809 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Wedel.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* (*Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 376 S. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Carcinoma of Liver

Duration of Last Sickness, About 18 months.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Lane

Date of Burial, April 8th 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Cross Sts. *Address,* 152 Sharp St.

R. J. H. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 82810 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Johanar Doell.

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Seventy eight *Years,* nine — *Months,* twelve *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Lauenburg, Hessen Darmstadt Germany

Duration of Residence in the City of Baltimore, 27yrs. 7mo. 29 days

Place of Death, { Give street and Number. } 833 Lombard Street

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,)

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 8 85

Undertaker, John L Paulus

Place of Business, 66 Frederick Ave

H. H. Wright M. D.,
Medical Attendant.

Address 221 N Gilmor Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 8281 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 7 1883 BALTIMORE MD.

Date of Death, April 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tatoman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* ... *Months,* ... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Typhoid Condition - Exhaustion

Duration of Last Sickness, Ten days.

All the above information should be furnished by the Physician.

Place of Burial, St Pauls R C Patrick Co

Date of Burial, April 7th

Undertaker, H. Saffell

Place of Business, 151 S Bond St

Oscar Hoskins M. D.
Medical Attendant.

Address, 188 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 82812 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Apr. 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Living Life

Place of Death, {Give Street and Number.} 93 Lee St.

Cause of Death, First (Primary), Paralysis

Second (Immediate), Anemia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 7th 1885

Undertaker, Sam'l W. Chase

Place of Business, 198 S. Howard St. *Address,* 262 Sharp St.

R. M. Hall M. D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 82813 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 7 1935
B

CERTIFICATE OF DEATH.

Date of Death, April 5 1935

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Sarah Trench

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 92 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pikesville Md.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give Street and Number.} 16 Laurel St

Cause of Death, First (Primary), Old Age

Second (Immediate), Bronchitis

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 7th

Undertaker, C. O. Schilling

Place of Business, 25th and Eutaw

Edward R. McDaniel M. D.
Medical Attendant.

Address, 62 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 82814 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 7 1885

CERTIFICATE OF DEATH.

Date of Death, April 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Hughes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* 11 *Months,* 18 *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 293 N. Caroline St.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), "

Duration of Last Sickness, 13 months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 8th

Undertaker, George Schilling

Place of Business, Holland Square

C H Thomas M. D.
Medical Attendant.

Address, 66. E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

11-a

Permit No. 82815

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo W Commodore

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days.*

Color, Black *Sex,*

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sober

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Twice Birth.

Place of Death, {Give street and number.} 92 St. Mary's St.

Cause of Death, {First (Primary,) Heart Disease

{Second (Immediate,)

Duration of Last Sickness, ~~24~~ Years or More

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemby

Date of Burial, April 8th 1885

{Undertaker, Jno. C. Gray

{Place of Business. 65 S. Eutaw *Address* 209 Mid. St.

D. K. Mumick M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82816 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 6/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Sharpe

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 32 yrs.

Place of Death, {Give Street and Number.} Con East av. & Wolf

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), ...

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dallo. Cem

Date of Burial, Apr 9 '85

Undertaker, G. Francis

Place of Business, Grant & Wolfe *Address,* 522 Broadway

R W Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82817 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
APR 7 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Wilson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* 7 *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 2 Division St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 9th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Gaunt St

Fred B. Lemmon M. D.
Medical Attendant.

Address, 171 W. Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82818 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

A'

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Haddie Harris

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give Street and Number.} 3 Lurtz Alley

Cause of Death, First (Primary), Heart disease

Second (Immediate), —

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, Apr 7 1885

Undertaker, William Dorsey

By Railroad

Place of Business, 62 East St

James Bosley M. D.
Medical Attendant.

Address, 219 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3661 East

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82819 *Office of Registrar of Vital Statistics.* Ward 9 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1935 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 5th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr A M. Shook

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ~~*Months,*~~ ~~*Days*~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 48 Cantland

Cause of Death, First (Primary), Typhoid fever

Second (Immediate),

Duration of Last Sickness, about Four days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, April 7/35

Undertaker, Stewart & Munter

Place of Business, 50 Park *Address,* 143 N Charles

A M Shook *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8284 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J Lumbo

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 186 S Eutaw St

Cause of Death, First (Primary), Heart (Mitral Valve)

Second (Immediate), Congestion of Lungs & Kidneys

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 8th 1885

Undertaker, John J. Mueller

Place of Business, No 130 Gunther *Address,* 146 Hanover St

Thomas Corbin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8284 / *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Strauss

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} No 265 Broadway

Cause of Death, First (Primary), ...

Second (Immediate), Heart Disease

Duration of Last Sickness, Instant suddenly.

All the above information should be furnished by the Physician.

Place of Burial, Eden St. M. Cemetery

Date of Burial, April 8th 1885

Undertaker, Wm Cilaw

Place of Business, 101 Gough St *Address,* 241 N Broadway

W. H. Goldsborough M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82842 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1885

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Carl Ernest L. Greineisen

~~*Sex*~~, *Male or* ~~*Female*~~, {Cross out the word not required in this line.} Male

Age, ——— *Years,* 13 *Months,* 29 *Days*

Color, white

Married, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 194 Dolphin st

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 8th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 W Fremont *Address,* 47 Edmondson ave

Jas. E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82823 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Simpson Parlett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 7 Months, 16 Days

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 589 Lombard St.

Cause of Death, First (Primary), Malaria

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 8th 1885

J. J. Linthicum M. D.
Medical Attendant.

Undertaker, J. McLaren & Son

Place of Business, 782 W. Balto *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82824 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte A. Boehm

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, *Years,* *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 16 Heath st

Cause of Death, First (Primary),

Second (Immediate), Peritonitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, April 8.

Undertaker, B Hanle.

Place of Business, Hanle & Co 82

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82825 *Office of Registrar of Vital Statistics.* Ward 14 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tony Wyler

Sex, Male or Female, {Cross out the word not required in this line.} M

Age, 13 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City

Duration of Residence in the City of Baltimore, 13 y

Place of Death, {Give Street and Number.} 138 Cross St

Cause of Death, First (Primary), Acute Nephritis

Second (Immediate), ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, April 8

Undertaker, P. Healy

Place of Business, 8 West St.

R M O'Sullivan M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82826 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No. Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1885 RECEIVED

Date of Death, April 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nickles Dümling

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 23 Perry St near Hanover

Cause of Death, First (Primary), Cancer of Liver

Second (Immediate), Prostration

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon P.A. County

Date of Burial, April 9th 1885

Undertaker, F. N. Toole

Medical Attendant. C. Buddenbohn M. D.

Place of Business, 131 Hanover *Address,* 166 S. Paca

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82827 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm James Ryan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pump & block maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 302 N. Mount St.

Cause of Death, First (Primary), Cerebral "Softening"

Second (Immediate), Gradual Exhaustion

Duration of Last Sickness, Three Years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 8/85

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St. *Address,* 206 N Caroline Ave

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82828 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 7 1885

Date of Death, April 4th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Robert

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lisbon, Portugal.

Duration of Residence in the City of Baltimore, 71 yrs.

Place of Death, {Give Street and Number.} # 246 S. Bethel St.

Cause of Death, First (Primary), Age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mound cemetery

Date of Burial, April 7th 1885

Undertaker, M. Flotterey

Place of Business, 222 S. Central St

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8284

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82849 *Office of Registrar of Vital Statistics.* Ward 52

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 7 1885

CERTIFICATE OF DEATH. B

Date of Death, April 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irene Gloys

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 11 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Housework.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 79½ Sterling St.

Cause of Death, First (Primary), Burns

Second (Immediate), Shock

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Tree Cemetery

Date of Burial, Apl 7 1885

Undertaker, William V Dorsey

Place of Business, 62 East St

H. K. Goodman M. D.
Medical Attendant.

Address, 645 S Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the ...

Board of Health, City of Baltimore. 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82830

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF HEALTH APR 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jas Jackson & Georgia Jackson. Parents

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ____ *Years,* ____ *Months,* 14 *Days.*

Color, Negro.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 14 days

Place of Death, {Give street and number} Vincent Alley, near Lanvale St

Cause of Death, First, (Primary,) I am unable to say what was the cause

Second, (Immediate,) Enteritis — Diarrheal —

Duration of last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial Lowndes Cemetery

Date of Burial, April 7 1885

Undertaker, William Monroe

Place of Business, 62 East St

James A. Gruttney, M. D.
Medical Attendant.

Address, 410 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8283 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1885

Date of Death, April 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Davidson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, One *Years,* *Months,* *Days*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No. 60 Vine St.

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give Street and Number.} 60 Vine St.

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 7 1885

Undertaker, S. W. Chase

Place of Business, 198 Howard St

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82932 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, April 6th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas P Blake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 15 *Years,* ~~mm~~ *Months,* ~~mm~~ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 1 Forest St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 8

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, April 7th 85

Undertaker, Dungee

Place of Business, East St

Thos A Ellis M. D.

~~Medical Attendant.~~

Address, City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Et by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Jas C. Fitzpatrick

Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82833 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE MD

Date of Death, April 6/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie White.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 4 *Months.* ——— *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), General Atrophia.

Second (Immediate), Phthisis.

Duration of Last Sickness, 2 months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 7/85

Undertaker, Joseph Derrick.

Place of Business, Division & Townsend.

R. He. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82834 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 7 1885 BALTIMORE

Date of Death, April 7/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen —

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto —

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} St. vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion —

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, April 7/85

Undertaker, Joseph Levick.

Place of Business, Division & Townsend

R. H. Goldsmith, M. D.
Medical Attendant.

Address, Harlem ave & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi

Board of Health, City of Baltimore,

Permit No. 82835

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Belle Kerr

Sex, Male or Female, {cross out the word not required in this line.}

Age, 6 *Years,* 4 *Months,* 8 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 152 St. Paul St.

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) ~~~~

Duration of last Sickness, 4 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy.

Date of Burial, Apr. 9th 1885

John D. Kring M. D.
Medical Attendant.

Undertaker,

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address, 215 N. Carrollton Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82836 *Office of Registrar of Vital Statistics.* Ward 2 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ralburn Gould

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Woodo Court

Cause of Death, First (Primary), Anaemia

Second (Immediate), ...

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, April 8th

Undertaker, H Lippert

Place of Business, 151 S Bond St

John A Lehnert M. D
Medical Attendant

Address, 1 E Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 82837 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Ironmonger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* X *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 1 Canby St

Cause of Death, First (Primary), Scarlet fever

Second (Immediate), —

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy

Date of Burial, April 8th 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

Robt L. Knabb M. D.
Medical Attendant.

Address, 534 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 82838 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885 1 P m

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah M. Thulan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, — Lady —

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 97 N Paul street

Cause of Death, First (Primary), Pneumonia with Typhoid Complication

Second (Immediate),

Duration of Last Sickness, 8 days under treatment

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 9th 1885

Undertaker, H. J. Enkins & Son

Place of Business, Park & Saratoga sts *Address,*

A H Easton Jr. M.D. with Prof C Chew M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 8 2 8 3 9 *Office of Registrar of Vital Statistics.* **Ward** 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hunt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Waitress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co Va

Duration of Residence in the City of Baltimore, Eight years

Place of Death, {Give Street and Number.} 191 St Paul St

Cause of Death, First (Primary), ...

Second (Immediate), Congestion of Brain

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Tabernacle Va

Date of Burial, April 8th

Undertaker, John Bishop, C

Place of Business, Head Bridge St

J. F. Sutton M. D.
Medical Attendant.

Address, 23 Fountain

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3663 Tranel

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of t

Health Department, City of Baltimore.

Permit No. 82840 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD

Date of Death, April 7, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis O'Brien

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 44 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Horse cutter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 43 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 89 E. Madison St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cemetery

Date of Burial, April 9th

Undertaker, H. C. Middlefell

Place of Business, 90 Greenmount Ave Address, 237 Greenmount Ave

J. W. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82841 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 7th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry H Bates

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 0 *Years,* 6 *Months.* 0 *Days*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore. Six Months

Place of Death, {Give Street and Number.} No 71 Johns Alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Asphixia

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 8th "

{*Undertaker,* Ab Hemsley

{*Place of Business,* 114 Richard St

Benj F Lothes M. D.
Medical Attendant.

Address, Cor Dolphin & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 82842 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 74

HEALTH DEPT. APR 8 1885 BALTIMORE

Date of Death, April 7. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis Joseph Lafferty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* ——— *Months.* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Telegraph Inspector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 22 yrs.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Cerebral Rheumatism

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 9 th

Undertaker, ~~John~~ J Cowan

Place of Business, 87 Lubin st

C. W. Mitchell M. D.
Medical Attendant.

Address University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 82843 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE, MD.

Date of Death, April 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnis Radmos Rupperstberg

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Franklin & Clinton Ave Baltimore Md

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give street and Number.} 127 N Broadway St

Cause of Death, First, (Primary,) —

Second, (Immediate,) Inflamation of Brain

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral bey.

Date of Burial, April 8th 1885

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St

J W^m Correll M. D., Medical Attendant.

Address, 162 S. Broadway St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 82844 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD

Date of Death, April 8

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Dunpin

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} fem

Age, *Years,* *Months,* 4 *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give Street and Number.} 52 Barney bet Ch

Cause of Death, First (Primary), Convulsions.

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 8

Undertaker, B. Hall

Place of Business, 82 Hill St

Geo Ellis M. D.
Medical Attendant.

Address, 312 Light st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 16

Permit No. 82885

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 8 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena G. Mathews

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, Years, / Months, 20 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 69 Columbia Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill.

Date of Burial, April 9

Undertaker, B. Hall

Place of Business, 92 West St.

Jerom 6 Otis M. D.
Medical Attendant.

Address, 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82846 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie McAtee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months.* *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 1 Patterson Avenue

Cause of Death, First (Primary), The child had been ill some time - Has had one physician called in and also had

Second (Immediate), Medicine for the 1st time, a few days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Christ St Cemetery

Date of Burial, April 8th 1885

Undertaker, H. N. Bishop Jr

Place of Business, 97 Druid Hill

L. L. Sittings M. D.
Medical Attendant.

Address, 167 N Gaye

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 82847

Office of Registrar of Vital Statistics.

Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernard Bunt

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (37 years in America)

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 408 Norfolk Ave.

Cause of Death, First (Primary), Ascites — from Cirrhosis of Liver

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, April 7 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Eutaw St

Oscar Jolson, M. D.
Medical Attendant.

Address, 188 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer[illegible]

Health Department, City of Baltimore.

Permit No. 82848 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED FEB 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 7/4 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Chas Mueller

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* [illegible] *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn, 4 yrs

Duration of Residence in the City of Baltimore, 4 yrs

Place of Death, {Give Street and Number.} 3628 Fayette

Cause of Death, First (Primary), Angina membranacea

Second (Immediate), Suffocation

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Rood Cemetery

Date of Burial, July 10 1885

Undertaker, Henry Hook

Place of Business, 369 Central Ave *Address,* [illegible]

J Tuthow M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 82849 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wrightson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 27 Potomac St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 9 1885

E. Jno. Evans M. D.
Medical Attendant.

Undertaker, Henry McGinnis

Place of Business, #8 N Centre [illegible] *Address,* 58 Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 02850

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 52850 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 7th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lorenz

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 700 W. Pratt

Cause of Death, First (Primary), Pleuro - Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 9th 1885

Undertaker, [illegible]

Place of Business, [illegible]

[illegible] M. D.
Medical Attendant.

Address, 248 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 32831

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 32857 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED APR 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 6 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hoffman

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give Street and Number.} 136 Park St.

Cause of Death, First (Primary), Carcinoma Hepatis

Second (Immediate), Marasmus

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, Apr. 9th 85

Undertaker, P. J. Francis

Place of Business, Evans & Wolfe Address, 245 E. Baltimore St.

J. Mathias M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82852 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 8 1885 BALTIMORE MD.

Date of Death, April 7th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. Ellen Kelly.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 25 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 33 Albany Ave.

Cause of Death, First (Primary), Febris Typhoidea

Second (Immediate), ...

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, April 10th 1885

Undertaker, Wm J Andrews

Place of Business 16 & 16 Druid Hill Ave *and Address,* Forrest & Pacific.

J. E. McShain, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82863 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 8 1885
BALTIMORE, MD.

Date of Death, April 7. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie h. Bell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 6 *Months.* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 525 Light St.

Cause of Death, First (Primary), Necrosis of the Temporal Bone

Second (Immediate), Meningitis (Cerebral)

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 9th

Undertaker, Armstrong & Denny

Place of Business, 263 Light St. *Address,* 146 Hanover St

Howard Carta *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 42857 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 8 1885

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Reuter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 6 *Months.* — *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 Years

Place of Death, {Give Street and Number.} 170 S. Green st

Cause of Death, First (Primary), Phthisis Pulmonalis Chronic

Second (Immediate), Prostration

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 9th — C. L. Buddenbohm M. D.

Medical Attendant.

Undertaker, F. N. Troll

Place of Business, 131 Hanover. *Address,* 166 S. Sharp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82855 *Office of Registrar of Vital Statistics.* **Ward** 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1885 HEALTH DEPT. BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline C Stinz

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* 7 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 111 S. Registers St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Meningitis

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Church Cemetery

Date of Burial, April 10th 1885

Undertaker, Peter Frey

Place of Business, 91 E Fern Ave

R. W. Manahan M. D.
Medical Attendant.

Address, 502 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84856 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Emily Friedman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} S.W. Cor Exeter & Fawcett Sts

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Hypostatic Congestion

Duration of Last Sickness, ~~three~~ days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1885

Undertaker, Peter Frey

Place of Business, 91 Eastern Ave

F. S. Moyer M. D.
Medical Attendant.

Address, 15 Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82857 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 3 1885

CERTIFICATE OF DEATH.

Date of Death, May 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Morris

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Walla Walla

Duration of Residence in the City of Baltimore, Seven months

Place of Death, {Give Street and Number.} 77 St Paul St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Hemorrhage of Pulmonary Artery

Duration of Last Sickness, 8 months

All the above information should be furnished by the Physician.

Place of Burial, Oak Hollow Cemetery

Date of Burial, April 9

Undertaker, Isaac Ahrens

Place of Business, 28 High St *Address,* 106 W. Fayette

W. F. Cox *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No 82858

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82858 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Bennett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 3 *Months,* 12 *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Hodcarrier

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 11 yrs.

Place of Death, {Give street and Number.} 46 Chiltons St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 9 1885

Undertaker Henderson Bros

Place of Business, 95 Eon Hayst

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 2285

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82859 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

FEB 9 1885

CERTIFICATE OF DEATH.

Date of Death, April 7, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John G. Bremer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months, 18 Days

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 609 Eager St.

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, about 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Johnsville Cem.

Date of Burial, April 9th 1885.

Undertaker, Adam Fink

Place of Business, 461 N. Gay St.

W. H. White, M. D.
Medical Attendant.

Address, 369 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82860 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 8th of April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Ehlers

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 59 *Years,* 8 *Months,* —— *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany . 40 years in U. S.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Mt Elderry St 60

Cause of Death, First (Primary), Bronchitis Chronica

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, April 10th

Undertaker, Granville & Bertel

Place of Business, 210 E Balto st.

L. J. Reinhard M. D.
Medical Attendant.

Address, 205 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 12861

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8486/ *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S DEPARTMENT APR 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 8-85- 8 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Daily

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.} Male

Age, 20 *Years,* *Months,* *Days*

Color, W

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Empyema

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 wks

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 10th

Undertaker, H. C. Wiedefeld

Place of Business, 60 Greenmount Ave

E. Van Hood M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84862 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Hopkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* ..... *Months,* ..... *Days*

Color, Blk

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 7

Place of Death, {Give Street and Number.} S. Robert Walk alley

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), ...

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, W. Public Cem

Date of Burial, April 9th 1885

Undertaker, Fred Kershner

Place of Business, ... *Address,* 193 Light

Medical Attendant. ..... M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82863

Office of Registrar of Vital Statistics.

6

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

APR 9 1885

CERTIFICATE OF DEATH.

Date of Death, April 8th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Basil. Meekins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~45~~ 75 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Eastern Shore

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, {Give street and number.} 358. E. Fayette St.

Cause of Death, First, (Primary.) Malaria and General Debility

Second, (Immediate.) Exaustion

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetary

Date of Burial, April 10/85

Chas. W. Bateman M.D.,
Medical Attendant.

Undertaker, Chas S Fry

Place of Business, 812 Broadway

Address, 370 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82864 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 9 1885

CERTIFICATE OF DEATH.

Date of Death, April 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thos Mowry

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 11½ hours ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 339 Thames St

Cause of Death, First (Primary), Difficult Birth

Second (Immediate), Convulsions & Brain

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, April 9th 1885

Thos Lee M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Shaffer & Cross *Address,* 1411 Pennsylvania Ave

---

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82865 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED APR 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Ward Lynsbury

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 5 *Months,* 21 *Days.*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} # 172 Park ave

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give street and Number.} # 172 Park ave.

Cause of Death, First, (Primary,) Acute & Chronic Obstruction in Bowel.

Second, (Immediate.) Acute Pelvic ~~Peritonitis~~ Peritonitis.

Duration of Last Sickness, 1 week +

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 9th 85

Undertaker, Wm. D. Gray

Place of Business, # 652 Gilbert *Address,* 152 Park ave

Robt. J. Wilson, M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82866 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 6 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Yeskey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Basket-maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 84 - 2 Years - "

Place of Death, {Give Street and Number.} 29 Lombard - "

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 5 - days -

All the above information should be furnished by the Physician.

Place of Burial, Mt James Cemetery

Date of Burial, April 8th 1885

Undertaker, Lus P Byrne

Place of Business, Fremont St

D Shutt M. D.
Medical Attendant.

Address, 409 Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82867 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen March

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 244 Montgomery St

Cause of Death, First (Primary), Pleuro Pneumonia

Second (Immediate), Dysipelas in Face & Head

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 10 1885

Undertaker, C. F. Kramer & Son

Place of Business, 209 Hanover *Address,* 411 Hanover St

by Theodore Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82868 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Henry

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, *Years,* 13 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 78 S. Dallas st

Cause of Death, First (Primary), Lobular Pneumonia

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 10th 1885

Undertaker, J J Locke

Place of Business, 473 Jefferson st

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 E Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82869 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY APR 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Körner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 21 *Years,* 9 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, - - - -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 19 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Sclair Ave above Federal Street

Cause of Death, First (Primary), Puerperal State

Second (Immediate), Septic Peritonitis

Duration of Last Sickness, 12 Days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 9th

Undertaker, Geo Schilling

Place of Business, Holland Square *Address,* Light near Pratt

Körner M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82870 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 9 1885

CERTIFICATE OF DEATH.

Date of Death, April 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Willenotzky Willenofzky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 6 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} Nursery & Childs Hospital

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Chas Sholom

Date of Burial, April 1885

Undertaker, J Behrend

Place of Business, 101 E Lombard *Address,*

D. A. Abbey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82871 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, About March 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Supposed to be Jos. McCarthy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 40 *Years,* — *Months,* *Days*

Color, Wht.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, Sailor — very likely

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Supposed to be foot of Durgan's wharf

Cause of Death, First (Primary),

Second (Immediate), Asphyxia from drowning

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, E. Peel Cemetery

Date of Burial, About 9/85 Alexander Hill, M. D.

Undertaker, Geo. Rinehart — Medical Attendant.

Place of Business, Forest Place — Address Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 82872

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82872 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary E. Gibson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 21 *Days,*

Color, Black.

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, whole life

Place of Death, {Give street and Number.} # Fields Alley.

Cause of Death, First (Primary), Eclampsia

Second (Immediate), Cerebral congestion.

Duration of Last Sickness, four hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St.

Date of Burial, April 9

Undertaker C. M. Blizzard

Place of Business, 201 Penn ave

John S. Huck M. D.
Medical Attendant.

Address Cor Townsend & Argyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 82873

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82873 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 9 1885 BALTIMORE, MD.

Date of Death, April 7. 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} James Jerome Gibbons

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Dealer in market — butcher.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give street and Number.} No 8 E. Hoffman Ave. Eop Bolan Av

Cause of Death, First (Primary), General Debility.

Second (Immediate), Malarial Fever.

Duration of Last Sickness. Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 9th/85

Undertaker Matthew Cadogan.

Place of Business, 227 Lombard St.

D. J. Madden M. D.
Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82874 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Michael

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 70 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 75 E Madison St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, Five days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 8 1885

Undertaker, Jas P Byrne

Place of Business, 63 Front St

Wm Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84875 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 9 1885 BALTIMORE MD.

Date of Death, April 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lee Garrett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 31 Conway st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 9th

Undertaker, Joseph F Rus

Place of Business, 59 S Libert

H W Wessler M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82876 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Carrol

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* *Months,* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A.A. Co Md.

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 88 Cairo 2d near Fulton Ave.

Cause of Death, First (Primary), Chronic Pleurisy —

Second (Immediate), Septicaemia

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, April 9 - 1885

Undertaker, Wm. Madden

Place of Business, 46 East Ost

J. Harvey Hill M. D.
Medical Attendant.

Address, Calhoun Cor Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82877

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob O. Lewis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* 2 *Months,* 8 *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Commission Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Kent County Del.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 83. N Eutaw St,

Cause of Death, First, (Primary.) Pneumonitis, Croupous,

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Five Days.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 10th/85

Undertaker, Henry W Ginniss

Place of Business, ———

F. A. Claudius M.D.,
Medical Attendant.

Address, 133 N Eutaw St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82878 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

HEALTH DEPARTMENT APR 9 1885 BALTIMORE MD.

Date of Death, April 9 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanch Dyson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. .....

Place of Death, {Give Street and Number.} 34 Boulden alley

Cause of Death, First (Primary), Premature Birth

Second (Immediate), ...

Duration of Last Sickness, one day

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 10 1885

Undertaker, Adt Hennsley

Place of Business, 116 Marshall St

C. Fawcett M. D.
Medical Attendant.

Address, 92 Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82879 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. APR 10 1885 BALTIMORE MD

Date of Death, April 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Silas Tyler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland 24 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 232 Lemmon St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, About one year

All the above information should be furnished by the Physician.

Place of Burial, St Pls

Date of Burial, 10 inst

Undertaker, Jos B Cook

Place of Business, 707 W Balto

Geo W Rowles M. D.
Medical Attendant.

Address, 171 W Lemmon

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 12880

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 12880 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 10 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Nylon

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 5 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Cor E. Monument st & Liberty al

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, A year & a half.

All the above information should be furnished by the Physician.

Place of Burial, Old Catherdral

Date of Burial, April the tenght

Undertaker, P. Garvey

Place of Business, 135 N. Calvert st

C. O'Donovan M. D.
Medical Attendant.

Address, 116 W. Monument st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and ~~date of death~~.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 84881 *Office of Registrar of Vital Statistics.* Ward 5 4/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 10 1885 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, April 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ada Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, — *Years,* 5 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore. Life

Place of Death, { Give Street and Number. } 20 Hills Court

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, about 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, Lamel Cemetery

Date of Burial, April 9- 1885

Undertaker, Wm W. Madden

Place of Business, # 46 East St

D M Cathell M. D.
Medical Attendant.

Address, 9 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82882 *Office of Registrar of Vital Statistics.* Ward 18 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 18

B

CERTIFICATE OF DEATH.

Date of Death, 9th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexandria Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 22 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 366. Coops St.

Cause of Death, First (Primary), Internal-Irritation

Second (Immediate), Convulsions

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, April 10/1885

Undertaker, Florentine Ross

Place of Business, 15 Lon West St *Address,* 146. Hill St.

L. D. Dyer M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82883 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fabish Bendann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 26 Years

Place of Death, {Give Street and Number.} 43 N. Carey St

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, about 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Frap Road Cem

Date of Burial, Apr 10th 1885

Undertaker, D Emmy & Mitchell

Place of Business, 1110 Fayette St

W. R. McKenney M. D.
Medical Attendant.

Address, 582 N. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

12

Permit No. 82884 *Office of Registrar of Vital Statistics.* Ward ~~11~~ 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

2

CERTIFICATE OF DEATH.

BOARD OF HEALTH APR 10 1885 BALTIMORE

Date of Death, April 8th '85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Richard J Matthews

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Dairyman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 73 Preston St

Cause of Death, First (Primary), Tuberculosis of lungs.

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Quaker Interment Harford Road

Date of Burial, April 11th 1885

Undertaker J E Hough & Co

Place of Business, 398 Emma Ave

H. Winslow M. D.
Medical Attendant.

Address, 20 W. Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

No. 02880

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82885 *Office of Registrar of Vital Statistics.* Ward 20 ½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 10 1885 BALTIMORE

Date of Death, April 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anna Elizabeth Stumph

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 79 *Years,* 1 *Months,* 1 *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Frankfort on Maine

Duration of Residence in the City of Baltimore, about 56 years

Place of Death, { Give street and Number. } 268 Pa avenue

Cause of Death, First, (Primary,) Partial Paralysis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemt

Date of Burial, April 11th 1885

Undertaker, J E Monaghan & Co

Place of Business, 298 Penna ave *Address,* 23 McCulloh st

Caleb Winslow M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82886 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Harrison

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, [illegible] *Years,* [illegible] *Months,* [illegible] *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, [illegible]

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give Street and Number.} E. 4 Hamburg St

Cause of Death, First (Primary), Gastro-enteritis

Second (Immediate), [illegible]

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, ~~Westport Cemetery~~ Loudon Park

Date of Burial, April 10th 1885

R. A. Ellis M. D.
Medical Attendant.

Undertaker, Armstrong & Dean

Place of Business, 263 Light St *Address,* 313 Lydia St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82887 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 april 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Phoebe Goldsmith

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 73 *Years,* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 25 yrs.

Place of Death, {Give Street and Number.} 99 E. Fayette St.

Cause of Death, First (Primary), Cerebral Thrombosis

Second (Immediate), Asthenia.

Duration of Last Sickness, nearly 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Dell Point A[illegible] Cemetery

Date of Burial, April 10

Undertaker, L. Ahrens

Place of Business, 28 N. High St. *Address,* 324 E. Bet. St.

H. Leonard M. D.
Medical Attendant.

HEALTH DEPARTMENT
APR 10 1885
BALTIMORE MD

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82888 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. H. Wood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 6 *Months,* ——— *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 183 William St.

Cause of Death, First (Primary), Acro Phagael Stricture

Second (Immediate), Gen'l Debility

Duration of Last Sickness, 9 Months

All the above information should be furnished by the Physician.

Place of Burial, Friendship a.a. Co Md.

Date of Burial, April 12th.

Undertaker, F. N. Ivoll

Place of Business, #131 Hanover St. *Address,* 50 Hanover

H. B. Stokes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3664 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82889 *Office of Registrar of Vital Statistics.* Ward 10.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
BALTIMORE
APR 10 1885

CERTIFICATE OF DEATH.

Date of Death, April 9, 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* — *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Boss on Railroad

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about two days

Place of Death, {Give Street and Number.} 136 Sarratoga st.

Cause of Death, First (Primary), Inhalation

Second (Immediate), Illuminating Gas

Duration of Last Sickness, about 36 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.

Date of Burial, April 10th 85

Undertaker, STEWART & HOWEN, UNDERTAKERS, 56 Park Ave.

Place of Business,

Wm A Jarvis M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins St. City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82890 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 10 1885

CERTIFICATE OF DEATH.

Date of Death, April 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Vera O. Shipley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 10 *Months.* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} S. S. Carey

Cause of Death, First (Primary), Pseudo Membranous Croup

Second (Immediate),

Duration of Last Sickness, 2 days —

All the above information should be furnished by the Physician.

Place of Burial, London Park cemetery

Date of Burial, April 11th 1885

Undertaker, Geo B Cook

Place of Business, No 707 W. Baltimore Street

Edw F. Michels M. D.
Medical Attendant.

Address, 283 N. Limburn

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82891 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 15th, 1882

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francisca Mishneffski

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *2* *Months,* *14* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City—

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 103 Lancaster

Cause of Death, First (Primary), Entero-colitis

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Nicholas Cem.

Date of Burial, April 11 1882

Undertaker, L. Roach & Co

Place of Business, 218 S. Eutaw St. *Address,* 243 Aliceanna St.

John H. Kellbergen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82892 *Office of Registrar of Vital Statistics.* Ward 15 Y

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April Ninth

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Behrens

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* 14 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} U. S. —

Duration of Residence in the City of Baltimore, 2 mos - 14 days

Place of Death, {Give street and Number.} 259 Hanover St. —

Cause of Death, First, (Primary,) Convulsions. (Probably)

Second, (Immediate,)

Duration of Last Sickness, Sudden death —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 11 Th 1885

Undertaker, Julius + Koehler

Place of Business, Sharp & Cross. Address, 226 Mont'g'y St

Geo. A. Strauss, M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82893 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Macke.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 9 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Jeweler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 60 S. Howard St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis,

Duration of Last Sickness, About 1 year.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 12th 1885

Undertaker, Ph. Seewald

Place of Business, 35 S. Eutaw St. *Address,* 152 Sharp St.

H. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82874 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 8th, 1865

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Burkhardt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 478 Canton Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 10th 1865

Undertaker, H. Sander & Son

Place of Business, 252 Canton Ave *Address,* .....

..... M. D.
Medical Attendant.

APR 10 1865

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82895 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 9th 1885 APR 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy A. Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 13 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co. V

Duration of Residence in the City of Baltimore, 13 days

Place of Death, {Give Street and Number.} 69 Wilkens Ave

Cause of Death, First (Primary), Catarrhal Fever

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 2 d.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, April 10 85

Undertaker, Geo W Elkins

Place of Business, 221 Hanover St

Saml Beck M. D.
Medical Attendant.

(W) Fayette

Address, Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82896 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Jengechak

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 1 *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.,

Duration of Residence in the City of Baltimore. Since Birth.

Place of Death, {Give Street and Number.} # 172 Canton Av.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 11th

Undertaker, Weigel

Place of Business, 51 S Bond St

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82897 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredericka M. Hornick

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* 11 *Months* 12 *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Greeneifelahn Hertzogthume Braunschweig

Duration of Residence in the City of Baltimore, 33 (Thirty three) Years

Place of Death, {Give Street and Number.} 132 E Gough St.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), Hypostatic Congestion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, April 13th

Undertaker, W. Leipzel

Place of Business, 151 E Baltimore St

T. F. Mulroy M. D.
Medical Attendant.

Address, 1. S. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82898 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 10 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. Schaffer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 5 *Months.* 29 *Days*

Color, W.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 386 West St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, Eleven Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 12 Th 1885

Undertaker, Julius Koehler

Place of Business, Sharp & Cross sts *Address,* 167 Barre st

J. Tyler Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82899 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ed Edgerton Jr. Inc Hay

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Child

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 182 Edgerton Ave

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), Uraemia

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 12th 1885

Undertaker, John H. McCoy

Place of Business, 22 W. Fayette St *Address,* 1434 Eden Ave

O. Shell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi

Health Department, City of Baltimore.

Permit No. 82908 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbra Krug

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 98 Orpheus St -

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Asthenia

Duration of Last Sickness, 4 mo

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cem.

Date of Burial, April 12

Undertaker, Walter Immel

Place of Business, 315 West Biddle

W. C. Krug M. D.
Medical Attendant.

Address, 98 Orpheus St -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82901 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 16th April 1905

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willard B. Regan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 157 Johnson

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 18

Undertaker, B. Glass

Place of Business, 82 West St

H W Nebitt M. D.
Medical Attendant.

Address, 57 Warren

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82902 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT RECEIVED APR 13 1885 BALTIMORE, MD

Date of Death, April 12th, 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Catherine Lotzian

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 63 *Years,* 3 *Months.* 10 *Days.*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give street and Number.} Washington St, near North Ave.

Cause of Death, First (Primary). Apoplexy

Second (Immediate). one hour

Duration of Last Sickness.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial, April 12th

Undertaker George Schilling

Place of Business, Ashland Depot

John Morris M. D.

Medical Attendant.

Address, 8 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children

[OVER]

No. 82903

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82903 *Office of Registrar of Vital Statistics.* Ward 5-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charley M Smyth

~~*Sex; Male or Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Infancy

Place of Death, {Give Street and Number.} 172 Aisquith St

Cause of Death, First (Primary), Fully developed Subsequent Lesions to Tuberculosis

Second (Immediate), Cerebritis

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Patrick's Cemetery

Date of Burial, April 12th

Undertaker, Geo. Schilling

Place of Business, Ashland Square

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 82904

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82904 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE MD.

Date of Death, April 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Chas F. Bevans

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 4 *Months,* 21 *Days,*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Marble Dealer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 241 Linden Ave

Cause of Death. First (Primary),

Second (Immediate) Apoplexy

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cy.

Date of Burial, April 12/85

Undertaker STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

Thos S Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84985 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

REGISTERED APR 11 1885 BALTIMORE

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miriam Slingluff

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 27 *Days*

Color, Br.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 438 Madison ave

Cause of Death, First (Primary), Whooping Cough & Pneumonia

Second (Immediate), Coma—

Duration of Last Sickness, Two months & 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 13th March 1885

Undertaker, Wm Jenkins & Son

Place of Business, Park & Saratoga Sts *Address,* 220 Linden Ave

J. K. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82906 *Office of Registrar of Vital Statistics.* Ward 11 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Mills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Caterer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Indies

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} 22 New st.

Cause of Death, First (Primary), Suddenly with heart

Second (Immediate), disease - asphyxia

Duration of Last Sickness, about one hour

All the above information should be furnished by the Physician.

Place of Burial, West Pubic Cemy

Date of Burial, April 10 1885

Undertaker, F A Kershner

Place of Business, 129 Arlington Ave

Wm A Jones M. D.
Medical Attendant.
Coroner

Address, 326 Hollen & Calv

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 82907 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 10. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jane McKee

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 52 40 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland, 32 Years.

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 529 W. Lombard St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 12th 85

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82908 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Davis

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... 5 *Months,* ... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bay View Asylum

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give Street and Number.} 4 Carter Alley between Townsend & Wolfe

Cause of Death, First (Primary), Croup

Second (Immediate), "

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 12th 1885

Undertaker, J. N. Dunger

Place of Business, ...

Geo. A. Staines M. D.

~~Medical Attendant.~~

Address, Cross & E. R.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

George E. Brogan Undertaker

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8[illegible]909 *Office of Registrar of Vital Statistics.* **Ward** 8T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible]

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 32 Hamilton St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Phthisis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 12th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmont *Address,* [illegible]

L. B. Rogers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82910 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE, MD

CERTIFICATE OF DEATH

Date of Death, April 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Brooks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} This City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 439 E Fayette

Cause of Death, First, (Primary,) Paralysis

Second, (Immediate,)

Duration of Last Sickness, Over 6 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery.

Date of Burial, April 13. 1885

Undertaker, Henry McGinnis.

Place of Business, 472 N. Central Ave, *Address,* 19 S Broadway

E J Way M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8291 1/ *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11 1883 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 9 — 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. McGinty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 18 *Years,* — *Months,* — *Days*

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Bar-keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 18½ W. Pratt St.

Cause of Death, First (Primary), Gunshot wound of abdomen, perforating the intestines in 6 places

Second (Immediate), Exhaustion caused by the Peritonitis resulting from the above wound

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemetery

Date of Burial, April 12 1883

Undertaker, Wm J Schaeffer

Place of Business, No. 5 S. Front St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82912 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter P

~~Sex~~, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~ *Years,* ~ *Month* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, (No. 583 Lexington St)

Place of Death, {Give Street and Number.} No 583 Lexington St

Cause of Death, First (Primary), 3

Second (Immediate), Pneumonia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Wells Point Harlem Cemetery

Date of Burial, apl 17 85

Undertaker, M. Arcot

Place of Business, 302 Balto St

E. Turner M. D.
Medical Attendant.

Address, No 2. Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82913 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 11. 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Apr. 11, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schaeffer

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 75 *Years,* — *Months,* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married.

Occupation, Veterinarian

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, {Give Street and Number.} 1755 Collington Ave below Eastern Ave.

Cause of Death, First (Primary), "

Second (Immediate), Acute Pneumonia.

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Eastern Bur. Cem.

Date of Burial, April 11 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

A. V. Gouwiler M. D.
Medical Attendant.

Phy. German Soc. of Md

Address, 96 S. Amity St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82914 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 11 1885
BALTIMORE MD

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonard Modarek

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, / *Years,* 5 *Months,* *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} 294 ~~Eutaw~~ Aliceanna St

Cause of Death, First (Primary), accidentaly Burned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, April 11 1885

Undertaker, Crook & Co

Place of Business, 218 S Eutaw St

E Hall Rullo M. D.
~~Medical Attendant~~ Coroner

Address, 68 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82915 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 11 1885

CERTIFICATE OF DEATH.

Date of Death, Apl 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Stewart

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 yrs *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} W. Va

Duration of Residence in the City of Baltimore, 17 yrs

Place of Death, {Give Street and Number.} 724 W Lexington St

Cause of Death, First (Primary), Placenta Praevia

Second (Immediate), Shock

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, Apr. 13/85

Undertaker, J. B Cook

Place of Business, 707 W Balto St *Address,* 311 W Lombard St

R. F. Phillips M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 6

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82916 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 11 1885 BALTIMORE, MD.

Date of Death, 10th April 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Uhl

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} N. Chapel St. H.

Cause of Death, First (Primary), Hydrocephalus Chronicus

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Chm

Date of Burial, April 12

Undertaker, F. Roach & Co.

Place of Business, 249 N. Durham St

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & Hill.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...r of each week. No 8291[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82917 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wilson Arnold

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 1 Months, Days.

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 143 Fremont St

Cause of Death, First (Primary), Inanition

Second (Immediate), asthenia

Duration of Last Sickness, Case of Premature birth at 7 mos

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 12/85

Undertaker James Arnold

Place of Business 143 S. Fremont

Geo R Graham M. D.
Medical Attendant.

Address, 136 Columbia ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8299 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Caroline Franz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, Wh

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and Number.} 35 Hampshire St

Cause of Death, First (Primary), Asthenia

Second (Immediate),

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 13th of April, 85

Undertaker Henry Hofman

Place of Business, 63 & Eden St

L. B. Button M. D.
Medical Attendant.

Address, 51 Co Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82919 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Vaughan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 22 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, 5 12

Place of Death, {Give Street and Number.} 99 Barre St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Acute Phthisis

Duration of Last Sickness, 3 Mos

All the above information should be furnished by the Physician.

Place of Burial, At Catholic Cem

Date of Burial, April 12th 1885

Undertaker, Jos F Byrne

Place of Business, 5 Fremont St

Jno D Blake M. D.
Medical Attendant.

Address, 155 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82920 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Marlow

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* *Months,* *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 15 Bank St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, About 10 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 12th 1885

Undertaker, Denny & Mitchell

Place of Business, 65 S Broadway

J. H. White, M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to use of [illegible] of this certificate.

Health Department, City of Baltimore.

Permit No. 82921 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Dietz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 13 *Months.* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Cor. Eaup. & Amos

Cause of Death,
First (Primary), Pneumonia
Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Park

Date of Burial, April 11

Undertaker, Wemlell Dietz

Place of Business, ... *Address,* 52 Broadway

D W Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 12922 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible], if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Francis Sheehan

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two *Years,* Two *Months,* eleven *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 193½ S. Charles St

Cause of Death, First (Primary), Diphtheria

Second (Immediate).

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 12 1885

Undertaker C. F. Kramer Son

Place of Business, 209 Hanover *Address,* 375 Madison Ave.

Newbegyct S. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 52923 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Martenet

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Surveyor & Map Publisher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D.C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 304 N. Gilmor St

Cause of Death, First (Primary), Disease of Heart

Second (Immediate),

Duration of Last Sickness, a few hours

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cem

Date of Burial, Monday Apr 13/85

Undertaker, Hughes Spencer & Co

Place of Business, 60 E. Balto St. Address Calhoun & Edmunds

J. Ramsey Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 32924 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 12 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, 11th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Thomas Bardley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 11 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, attending School

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 10 Peach alley

Cause of Death, First (Primary), Congestive Remittent Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 17 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Way st

L. D. Dyer M.D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully [illegible] to the Remarks below, and to List of Diseases on Back of this Certificate.

82925

Health Department, City of Baltimore.

Permit No. 2 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apl - 11 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tripp King, M.D.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 2 *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Physician & Publicist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co - Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} Church Home & Infirmary

Cause of Death, First (Primary), Cancer of Larynx resulting in paralysis, probable cerebral softening -

Second (Immediate), Pulmonary suffocation -

Duration of Last Sickness, Six months -

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

E. G. Waters M. D.
Medical Attendant.

Address, 216 McCulloh St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following Certificate

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82925 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1861 BALTIMORE MD

CERTIFICATE OF DEATH. 97

Date of Death, Apr. 11 61

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Tripp Kay, M.D.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 54 *Years,* 2 *Months,* *Days,*

Color,

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Physician & ~~Lecturer~~ Professor

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Somerset Co Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } Church Home & Infirmary

Cause of Death, First (Primary), Embolism

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Monday Apr. 13

E. G. Waters M. D.
Medical Attendant.

Undertaker John Lake

Place of Business 201 E. Balto St *Address,* 2[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Permit 3665

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Blanks on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8292 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD

Date of Death, April 12, " 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gurgt Abbott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 17 S Washington St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), ...

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 13th 1885

Undertaker, John Lake

Place of Business, 201 E Balto St Address, 201 E Baltimore

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 2727

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82927 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Minnie E C Burger

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 2 *Months,* 10 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Boston Mass.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 446 N Front St Fremont

Cause of Death, First (Primary), Acute Gastro-Enteritis

Second (Immediate) High fever nicuseal vomiting & prostration

Duration of Last Sickness, 2 days

the above information should be furnished by the Physician.

Place of Burial, Mount Carmel.

Date of Burial, April 14 "

J R Arnold M. D.
Medical Attendant.

Undertaker Fred Gaede

Place of Business 29 S. Caroline Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82928 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Neumüller

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 21 Conway

Cause of Death, First (Primary), Asthma

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 13th

Undertaker, F. N. Ina

Place of Business, 131 Hanover *Address,* City

H. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82929 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W Rockagey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 37 N. Stricker St

Cause of Death, First (Primary), Tuberculosis Meningitis

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 13th 1885

Undertaker, Denny & Mitchell

Place of Business, 458 W. Fayette

A H Hosea M.D
with Prof L Chew M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82930 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, Apr. 12th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorcas Giles

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months,* ..... *Days*

Color, colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 93 Lee st.

Cause of Death, First (Primary), ...

Second (Immediate), General debility.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1885

Undertaker, Samuel P. Chase

Place of Business, 195 E. Howard st

F. M. Hearn M. D.
Medical Attendant.

Address, 262 Sharp st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 1885.

Permit No. 82931

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Butler Ricchart

~~Son~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 8 *Months,* ..... *Days.*

Color, White *Sex,* Male.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and number.} 66 Lawrence Street

Cause of Death, {First (Primary,) ..... Second (Immediate,) Tuberculous Meningitis

Duration of Last Sickness, 3 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Apr 13th 1885

Undertaker, John L. Hacker

Place of Business, 1015 Canton Ave

Frank W. Gunion M. D.
Medical Attendant.

Address 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 12932 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Denhardt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 61 *Years,* 1 *Months,* 10 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} Cor. Frederick ave: & Paulas St

Cause of Death, First (Primary), Cancer womb

Second (Immediate),

Duration of Last Sickness, 6 mos -

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, April 13th 1885

Undertaker, John P Paulus

Place of Business, #66 Fred. Ave

J. G. Linthicum M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82933 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathew G. Druan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Wheelwright

Birth Place, {State or country, and how long in the United States, if of foreign birth.} South Carolina

Duration of Residence in the City of Baltimore, about 50 years

Place of Death, {Give Street and Number.} 1120 Maryland Ave

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co

Date of Burial, April 13th 1885

Undertaker, Charles F Evans & Co

Place of Business, Eager & Valley Sts *Address,* 17 N Gay St

C. Bohrer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82934 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 12, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A. Boyd

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 4 *Months,* 13 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Book Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 383 W. Fayette St, Balto, Md.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 11 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 14th

Undertaker, Wm J. Fellner

Place of Business, 65 S. Eutaw St

Wm McVickersen M. D.
Medical Attendant.

Address, Arlington & Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8295 *Office of Registrar of Vital Statistics.* 1885 Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, April 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia M Schellinger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* 7 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 53 yr.

Place of Death, {Give Street and Number.} 133 Hanover

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 14th

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw st

J. Wheeler M. D.
Medical Attendant.

Address, 57 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

13

Permit No. 8293 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other porson superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1883 BALTIMORE MD

C

CERTIFICATE OF DEATH.

Date of Death, April 10th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. M. Brown Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Engraver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N. S. Fremont St

Cause of Death, First (Primary),

Second (Immediate), Bright's Disease of Kidneys

Duration of Last Sickness, two (2) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, Apr. 13/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 387 W. Lombard St

H. L. Spicer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 13

Permit No. 8293 *Office of Registrar of Vital Statistics.* 188 Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 118 Parkin St Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 118 Parkin St

Cause of Death, First (Primary), Possibly Capillary Catarrh want of proper comfort both for mother and infant

Second (Immediate),

Duration of Last Sickness, few hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Apr. 13/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 823 Lexington St

A. A. Layton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82938 *Office of Registrar of Vital Statistics,* 188 Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Wanoska

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ... 8 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City—

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} # 266 E. Lun St

Cause of Death, First (Primary), Entero-colitis

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem't.

Date of Burial, April 13, 1885 John H. Rehburger M. D.

Medical Attendant.

Undertaker, E. Crack & Co

Place of Business, 245 Saint St. *Address,* 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82939 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Eller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* — *Months,* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 2½ Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} N. E. Corner of Ridgely & Cross

Cause of Death, First (Primary), Apoplexy (Hemorrhagic)

Second (Immediate), Depression

Duration of Last Sickness, 2 days

All the above Information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 14th 1885

Undertaker, D. F. Mills & Son

Place of Business, 153 Columbia Address, 166 S. Paca St.

E. L. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82940 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1885

CERTIFICATE OF DEATH. 74

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chester A. Cornell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11/2 *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} N & C. Hospital,

Cause of Death, First (Primary), Pleuro-pneumonia, & Sentiem.

Second (Immediate), asthenia

Duration of Last Sickness, Two. weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 13

Undertaker, C H Blizzard

Place of Business, 201 Penn

T. A. Ashby M. D.
Medical Attendant.

Address, 318 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 82941

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82941 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Dorathea Hartman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 5 *Months.* 9 *Days*

Color, White

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 41 Jefferson.

Cause of Death, First (Primary), Pleurisy

Second (Immediate), Old age

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 14. 1885.

Undertaker, H. Hofmann,

Place of Business, 63 N. Eden St *Address,* 105 W. Central Av.

Francis A. Sauer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8294 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie Effing

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months.* 28 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 117 N High St.

Cause of Death, First (Primary), Dentition. Congestion of brain

Second (Immediate), Pneumonitis Bronchio-Lobular

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Cemetery of Holy Redeemer

Date of Burial, April 13 1885

Undertaker, Jas P Byrne

Place of Business, 63 S Eutaw St *Address,* 62 Augusta St

Edward R Wood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY

No. 12943

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82943 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. APR 13 1885

CERTIFICATE OF DEATH.

Date of Death, April 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anna Mary Hauper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 6 *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Single ~~Widow~~ ~~Widower~~

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} # 2113 E. Biddle st.

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), ...

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 14, 1885

Undertaker Henry Hoerk

Place of Business 309 Central ave *Address,* # 305 N. Caroline st.

Geo. A. Hartman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82944 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank L Laurence

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* *Months,* 30 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 303 Lexington

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Exhaustion

Duration of Last Sickness, Ecbo 3-4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 14th 85

Undertaker, Hemphill & Sons

Place of Business, Park & Laraby Sts

O. F. H. Kemp M. D.
Medical Attendant.

Address, 55 N. Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 12945 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Lee Hinkley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* 17 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 167 Fairmount Ave.

Cause of Death, First (Primary), Congestive Remittent Fever

Second (Immediate), Meningitis

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, W. & Lombard Street road

Date of Burial, April 13 85

Undertaker, Wm S Fly

Place of Business, 871 Broadway

G. G. Lusk M. D.
Medical Attendant.

Address, 392 E. Lanvale st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 02940

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82940 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 6 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 111 Henrietta St

Cause of Death, First (Primary), Acute Gastritis

Second (Immediate), Collapse "

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 14th 1885 Jno Gould M. D.

Undertaker, Ernest Schlaudecker Medical Attendant.

Place of Business, 18 Sharp St. *Address,* 170 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82947 *Office of Registrar of Vital Statistics,* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S DEPARTMENT
APR 13 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant Smith

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md (26 Cider alley)

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} 26 Cider alley

Cause of Death, First (Primary), Don't Know

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters C.C.

Date of Burial, April 13 1885

Undertaker, Margaret Pye

Place of Business, 9 Mulberry St

L. E. Claggett M. D.
Medical Attendant.

Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82948 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Hoffmanegger

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 10 *Years.* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give Street and Number.} No. 8 Ironmonger's Court

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Dropsy

Duration of Last Sickness, 10 "

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus C

Date of Burial, April 13 85

Undertaker, W Sipes

Place of Business, 124 S Bond St

M. D., Medical Attendant.

Address, 248 Bond

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82949 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11th. April 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georg Frishmann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 57 *Years,* 7 *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavary, Germany

Duration of Residence in the City of Baltimore, 33 years.

Place of Death, {Give Street and Number.} E. Lombard Street 217.

Cause of Death, First (Primary), Hämorrhagia pulmonal.

Second (Immediate),

Duration of Last Sickness, half an hour

All the above information should be furnished by the Physician.

Place of Burial, St Alysonse

Date of Burial, April 14 1885

Undertaker, W. Blattkamp J.

Place of Business, 253 E. Lombard st

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 117.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82950 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, APR 13 1885

CERTIFICATE OF DEATH.

Date of Death, April 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abram S. Rusk (Moses)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 9 Months, 2 5 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 31 Harrison av

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Laudon Park

Date of Burial, April 93

Undertaker, B. Hunt

Place of Business, 82 West St

H B Stolle M. D.
Medical Attendant.

Address, 60 Wayne av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82951 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filed out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Milbourne

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Drayman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} East.

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 307 S. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Rheumatism & Cystitis (Acute)

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 14 1885

Undertaker, Alex Hemsley

Place of Business, 116 Orchard st

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82952 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene F. Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* *Days*

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 - 3

Place of Death, {Give Street and Number.} 6 Hardens court.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 1 hour

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 13 1885

Undertaker, Hercules Ross

Place of Business, 95 Lon Wayst

R. H. & Ellis M. D.
Medical Attendant.

Address, 313 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82913 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucinda Meyers

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} —

Age, — *Years,* 4 *Months.* 27 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 278 Montgomery St

Cause of Death, First (Primary), [illegible]

Second (Immediate), Marasmus

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpst Centy

Date of Burial, ~~April~~ April 13 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Sharpst

S. A. Bell M. D.
Medical Attendant.

Coroner

Address, 161 Sharpst

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82954 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} unknown Infant

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, About 2 Months, Days

Color, Colored

~~Married Single Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Found dead in a box by Off Myers on Dock near Albemarle on April 11 — 1885

Cause of Death, First (Primary), Pneumonitis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, O. Cath Cemetery

Date of Burial, April 13/85

Undertaker, George Rinehart

Place of Business,

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82915 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, Aug 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Horner

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} N.E. Cor Biddle & Caroline Sts

Cause of Death,
First (Primary), Cerebral Compression
Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Twenty Four (24) hrs

All the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, April 14. 1884

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Chas Hall Gallet M. D.
Medical Attendant.

Address, 88 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

No. 8295

Board of Health, City of Baltimore,

Permit No. 8295 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 13 1885

Bur

C

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spelt correctly. If an infant not named, give names of parents.} Infant Creelman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months* Half an hour after birth *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 72 Paston St Baltimore (In)

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 72 Paston St Baltimore

Cause of Death, First (Primary), ...

Second (Immediate). Non viable at birth

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Pr Et Emmanuel

Date of Burial, April 15th 85

Undertaker Hemsley & Hearn

Place of Business, Park & Saratoga

F. J. Miles M. D.
Medical Attendant.

Address, 28 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 9 W

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82957

HEALTH DEPT. APR 13 1885 BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs F Schwartze

Sex, Male or ~~Female,~~ {cross out the word not required in this line.}

Age, 32 *Years,* 7 *Months,* 3 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, had none

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, his entire lifetime

Place of Death, {Give street and number} 222 Lexington St

Sun Cold

Cause of Death, First, (Primary,) Pulmonary Consumption

Second, (Immediate,) about 2 months

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Forest Home

Date of Burial, April 15 85

Undertaker, Andrew Kolde

Place of Business, 43 Penna Ave

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 82938

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82938 *Office of Registrar of Vital Statistics.* Ward 18

HEALTH DEPARTMENT
APR 13 1885
BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 12 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henriette Martha Praefer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 20 *Years,* — *Months,* 23 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} Lemon Street 35

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, April 14 th

Undertaker, Andrew Kolde

Place of Business, 1x Penna Ave

S G Bernard M. D.
Medical Attendant.

Address, 205 W Townsend Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This [illegible]

Health Department, City of Baltimore.

Permit No. 8299 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 13 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie E McCarthy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 32 *Years,* ~~—~~ *Months,* ~~—~~ *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Married

Occupation, Wife.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, 10 years.

Place of Death, {Give Street and Number.} 23 Bloom St.

Cause of Death, First (Primary), Pelvic Cellulitis

Second (Immediate), Abscesses

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 13th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Howard Address, 179 N Howard St.

Thomas Opie M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the ...

Health Department, City of Baltimore.

Permit No. 8290 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 13 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Boone

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York city

Duration of Residence in the City of Baltimore. 30

Place of Death, {Give Street and Number.} 75 Valley

Cause of Death, First (Primary), Gastritis chronic

Second (Immediate), asthenia

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, April 14 1885

Undertaker, James O Byrne

Place of Business, No 63 Pro Iron R

Jno G Hilar M. D.
Medical Attendant.

Address. 179 Eastern Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians ...

Board of Health, City of Baltimore, 9 10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82961

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

D

Date of Death, April 12th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel W. J. Hopkins Hopkins

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 33 *Years,* —— *Months,* —— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Insurance

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 34 Cathedral St.

Cause of Death, First, (Primary.) Phthisis

Second, (Immediate,) Pulmonary

Duration of last Sickness, Over a Year

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cy.

Date of Burial, Apr 14/95

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

Wm. Marshall Finch M. D.
Medical Attendant.

Address, 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 8962 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12, 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry F. Wantleman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 1 *Months,* 1 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 28 Years

Place of Death, {Give Street and Number.} 242 Conway St Balto Md.

Cause of Death, First (Primary), Chronic Disease of the

Second (Immediate), Liver & Kidneys

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County — James H. Carey M.D. per 68 St. Paul St

Date of Burial, April 14th 1886 — Wm M Nickerson M. D.

Undertaker, F. N. Isell. — Medical Attendant.

Place of Business, 131 Hanover St. *Address,* Arlington & Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the...

Health Department, City of Baltimore.

Permit No. 12763 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 11 *Months.* ~~—~~ *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 171 Sarah Ann St.

Cause of Death, First (Primary), Marasmus (Gastrointestinal)

Second (Immediate), Convulsions

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, April 13th 85

Undertaker, Wm Kennedy

Place of Business, 116 Orchard

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks [illegible]

Health Department, City of Baltimore.

Permit No. 82964 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H. Sheehan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 131 Druid Hill Ave

Cause of Death, First (Primary), Inflam bladder

Second (Immediate), General Prostration

Duration of Last Sickness, Ten Years.

All the above information should be furnished by the Physician.

Place of Burial, Bona Bra

Date of Burial, April 16

Undertaker, J Chalmers

Place of Business, 41 Wilson St

B B Browne *M. D.*
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully [illegible]

Health Department, City of Baltimore.

Permit No. 82965 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~——~~ *Years,* 4 *Months,* ~~——~~ *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~, ~~——~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No. 1 Norris Alley

Cause of Death, First (Primary), Spasms

Second (Immediate), "

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apl 14th 1885

Undertaker, W N Duncan

Place of Business,

Thos A Shearer M. D.

~~Medical Attendant~~.

Address, Balto

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts S. Inspector

The Special Attention of Physicians is Respectfully Invited to the Reverse Side.

Board of Health, City of Baltimore,

Permit No. 52966, *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phebe S Gray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maine

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 197 West Hoffman St

Cause of Death, First, (Primary,) Cerebral apoplexy

Second, (Immediate,) Apnea

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, Apl 14th 1885

Undertaker D Emmy & Stitcher

Place of Business, 350 W Fayette St

Jno H Dittendorfer M. D., Medical Attendant.

Address, 140 Bolton St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, [illegible]

Health Department, City of Baltimore.

Permit No. 82967 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ab. Gilmore Mary E.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years,* *Months.* *Days*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 126 N. Calhoun St.

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Hypostatic Pneumonia

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, Apl. 15th 1885

Undertaker, Denny and Mitchell

Place of Business, 338 W Fayette St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the

Health Department, City of Baltimore.

Permit No. 82968

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 14 1885 BALTIMORE, MD.

C

Date of Death, April 13

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Trogler

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, *Widow* or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 63 years

Place of Death, {Give Street and Number.} 67 Fredrick Av

Cause of Death, First (Primary), Heart Disease

Second (Immediate),

Duration of Last Sickness, about 4 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, April 15/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Robt K Kuhn M. D.
Medical Attendant.

Address, 534 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 82969 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 13 1883 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 12th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Rebecca Harvey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days,*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co.

Duration of Residence in the City of Baltimore, 18 years.

Place of Death, {Give street and Number.} 446 Lexington St

Cause of Death, First (Primary),

Second (Immediate) Consumption.

Duration of Last Sickness, Ten years.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr. 13' 83

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 248 N Lombard St

Edward R. Hard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82970 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louis Dahl

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months.* 2 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 54 years

Place of Death, {Give street and Number.} 874 W. Baltimore st.

Cause of Death. First (Primary), Heart Disease

Second (Immediate), Paralysis of muscles

Duration of Last Sickness, about one year

the above info mation should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 14 1885

Undertaker J. B. Cook

Place of Business, 707 W. Baltimore

J. H. Hoffman M. D.
Medical Attendant.

Address, 2798 W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The special attention of Physicians is respectfully invited to ...

Health Department, City of Baltimore.

Permit No. 82971 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th "83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Eubank

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 46 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Northumberland Co. Va.

Duration of Residence in the City of Baltimore, 2 weeks.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Ovarian Tumor, Septicaemia

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Co Va

Date of Burial, Apr. 14/83

Undertaker, J. B. Cook

Place of Business, 707 E Balto St, *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit — 3666

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8297 2 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 13 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Starr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 206 N. Gay St.

Cause of Death, First (Primary), Scarlatina

Second (Immediate),

Duration of Last Sickness, 3 weeks

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetary

Date of Burial, April 14th 1885

Undertaker E. H. Yates

Place of Business, 60 Greenmount Ave

O'Hottmer M. D.
Medical Attendant.

Address, 57 Bigelow Blk

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82973 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased person, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 13 Apr 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Anderson Randall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 25 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 19 South Fremont

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Bone Brea

Date of Burial, April 14th

Undertaker John J. Lennan

Place of Business, 89 Hollins st

P. Sinclair M. D.
Medical Attendant.

Address, 574 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82974 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

BUREAU OF HEALTH DEPARTMENT, APR 14 1885 BALTIMORE MD.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* 0 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} # 62 Essex St.

Cause of Death, First (Primary), Pneumonia (acute)

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 15 85

Undertaker, H. B. Sanders & Son

Place of Business, 252 Canton Av

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Thirteenth St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 82975 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 14 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles F. Stutler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} Cor. Bank & Dallas

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, April 14th 1885

Undertaker, H. C. Sander 2nd Son

Place of Business, 252 Canton Av

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8297 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

APR 14 1885 BALTIMORE MD.

Date of Death, 11 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna Fuehr (Fuehr)

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, [illegible] *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 17 y. U. S.

Duration of Residence in the City of Baltimore, 17 years in Baltimore

Place of Death, {Give Street and Number.} Alice Anne Street (No 278)

Cause of Death, First (Primary), Consumption

Second (Immediate), Dropsie

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, 1st German Cemetery

Date of Burial, April 14th

Undertaker, Wm Nicolaus

Place of Business, 255 Alice Ann St

L. F. Mathieu M. D.
Medical Attendant.

Address, 245 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82977 *Office of Registrar of Vital Statistics.* Ward 8 2 ±

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

HEALTH DEPARTMENT 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Reynolds,

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* —— ~~*Months*~~ —— ~~*Days*~~

Color, colored

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress, Md. Balt. Wd. / Wash

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Sixty seven W.m. St. Elderry

Duration of Residence in the City of Baltimore, Sixteen yrs.

Place of Death, {Give Street and Number.} 37 W.m. St. Elderry 21. ward.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Dr Consumption

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 14th 1885

Undertaker, Thos. J. Fochs

Place of Business, 73. Jefferson St

G. G. Cook, M. D.
Medical Attendant.

Address, Balt. & Hast. sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the time and date of death.

[OVER.]

SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases [illegible]

Health Department, City of Baltimore.

Permit No. 82978 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH OFFICE APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 11, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edner Pierce

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 9 *Months,* 19 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 143 S Durham St.

Cause of Death, First (Primary), ...

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14th 1885

Undertaker, Thos. J. Locks

Place of Business, 73 Jefferson St

A W Yonwiler M D ~~M. D.~~
Medical Attendant.

Address, 965 Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 82979 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH. a

Date of Death, April 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hennilla Thomas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months.* *Days*

Color, cd

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Mott St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15/85 James A Clements M. D.

Undertaker, W M. Dungee [illegible] Attendant

Place of Business, 62 East *Address,* Cumberland, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ed by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

H. Jas. D. Fitzpatrick
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82980 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED APR 14, 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lola Leighter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ...

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 1 Dodd near Howard Street

Cause of Death, First (Primary), Acute Cerebral Meningitis

Second (Immediate), Eclampsia

Duration of Last Sickness, Three (3) Days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Lutheran Cemetery

Date of Burial, April 15th

Undertaker, George Schilling

Place of Business, Ashland Square

S W Shaver M. D.
Medical Attendant.

Address 1 Dodd

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Use of Blanks on Back.

Health Department, City of Baltimore.

Permit No. 82981 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Br. Valkmann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 25 *Years,* 4 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 yrs

Place of Death, {Give Street and Number.} 124 N. Fifth st.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Anemia

Duration of Last Sickness, 12 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th 1885

Undertaker, Henry W. Means

Place of Business, #45 N. Gay st

D. Shall M. D.
Medical Attendant.

Address, 149 G. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82983 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 14 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Sunday April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Richter

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 28 *Years,* 1 *Months.* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 187 E. Eager St.

Cause of Death,
First (Primary), Acute Nephritis.
Second (Immediate), Exhaustion from high temperature & suppression

Duration of Last Sickness, One Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, April 15th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St.

Wilmer Brinton M. D.
Medical Attendant.

Address, Chase St & Forest Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82983 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Brooks.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} 28 Dorsons Alley

~

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 14 1885

Undertaker, Florence & Ross

Place of Business, 95 E Lan Marsh

Saml Bell M. D.

~~Medical Attendant~~ Coroner 2nd Dist

Address, 161 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82984 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 14 1885 BALTIMORE MD.

Date of Death, Apr. 13th do.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Francis King

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, colored

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, a Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md Balt.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 156 York St.

Cause of Death, First (Primary), An accident

Second (Immediate), Septicaemia

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 14 1885

Undertaker, Hercules Ross

Place of Business, 95 Low West

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82985 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. CITY
APR 14 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Cockain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 12 *Months.* *Days*

Color, colored

~~Married,~~ Single, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 90 Wayne st.

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpist cemetery

Date of Burial, April 14 1885

Undertaker, Hercules Ross

Place of Business, 94 Con Way st

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82986 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BOARD OF HEALTH APR 14 1885 BALTIMORE, MD.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Baker

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 1 *Days*

Color, ~~[illegible]~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Emory St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, April the 15th 1885

Undertaker, Geo. Leimbach

Place of Business, 389 West Hall St. Address

C. Stanley Hill M. D.
Medical Attendant.

Geo. Leimbach & Sons

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to [illegible] marks Below, and to List of Diseases on Back of this Certificate.

Board of H[illegible]on. of Baltimore,

Permit No. 82987

Office of Registrar of Vital Statistics. 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH. D

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Th C Quay

HEALTH DEPARTMENT APR 14 1885 BALTIMORE, MD.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Waiter

Birthplace, {State or Country and how long in the United States, if of foreign birth.} City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 28 New Church st.

Cause of Death, First, (Primary.)

Second, (Immediate.) Phthisis.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1885

Undertaker, Samuel Frazier

Place of Business, 195 E Howard st

R. Th. Belt. M.D.,

Medical Attendant.

Address, 128 Cathedral st.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82988 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD. APR 14 1885

Date of Death, April 13 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Johnson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, C

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} # 77 Vincent St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15th 1885

Undertaker, Saml W. Chase

Place of Business, 198 S Howard St *Address,* 206 N. Fayette St

C. M. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82989. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 14 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Smith

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, One *Year,* Ten *Months.* 12 *Days.*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, One & last year

Place of Death, {Give street and Number.} #1 Clarris Court

Cause of Death, First (Primary). Phthisis.

Second (Immediate).

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Shanks & Cemetery

Date of Burial, April 15th 1885

Undertaker Samuel P. Carr

Place of Business, 730 Broad St *Address,* 730 Madison Ave

Newton N. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8-2990 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

HEALTH DEPT. APR 15 1885 BALTIMORE MD.

Date of Death, April. 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Royston Daily

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months.* ..... *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis, Md.

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} 47 S. Sixth St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumo-Thorax

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Annapolis City

Date of Burial, April 15 1885 H. G. Lurk M. D.

Medical Attendant.

Undertaker, Geo. O. Byrne

Place of Business, 63 Main Address, 392 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit—3668

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8299 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If no Infant not named, give names of parents.} Howard Rougers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 8 *Years,* 8 *Months,* 5 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 1946 ½ N Durham

Cause of Death, First (Primary), Tuberculosis - General

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 15 1885

Undertaker, Alf Hemsley

Place of Business 116 Orchard st

G L Whitten M. D.
Medical Attendant.

Address, 1946 N Durham

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 82992 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the present action of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 15 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 13. 1885

Full Name of Deceased { Write legibly and spell correctly. If an Infant not named, give names of parents. } Araminta Pitt

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 81 *Years,* ——— *Months,* ——— *Days,*

Color, Black.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation Cook and Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Harford County, Maryland.

Duration of Residence in the City of Baltimore, 70 years

Place of Death, { Give street and Number. } 111 Jasper St.

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Exhaustion

Duration of Last Sickness, One Year.

the above information should be furnished by the Physician.

Place of Burial, Penn. Mount Olive

Date of Burial, April 15

Undertaker A. Hemsley

Place of Business Merchant

Geo. C. Shannon M. D.
Medical Attendant.

Address, 167 N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3669

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82993 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 13 1885 BALTIMORE, MD.

Date of Death, April 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Schmuth

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 98 *Years,* *Months.* *Days*

Color, white

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary), Age & Infirmity

Second (Immediate), One Month.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy cross Cemetery

Date of Burial, 16 April

Undertaker, Mr Bloodcamp

Place of Business,

Th. Brooke Bayne M.D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8299 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William G. Degenhardt

Sex, Male or Female, {Cross out the word not required in this line.} [illegible]

Age, 15 *Years,* — *Months,* — *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} [illegible]

Occupation [illegible]

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, [illegible]

Place of Death, {Give street and Number.} N. E. Cor Valley & Biddle

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate), Shame

Duration of Last Sickness, 1 Day

All the above Information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cl

Date of Burial, April 16 1885

Undertaker Henry Hoeke

Place of Business, [illegible] *Residence Address,* 93 Valley St

F. A. Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 82995

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 13/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus. Ignatius Gough

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* — *Days.*

Color, Colrd

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} No 2 Gravel alley

Cause of Death, {First (Primary,) Trismus

Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 15 - 1885

Undertaker, Wm W. Madden

Place of Business, 46 East St

Thos. J. Ward *M. D.*
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82996 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Slade

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 4 Little Gorsuch

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, Three Days

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, April 16 1885

James E Emerille M. D.
Medical Attendant.

Undertaker, Jas P Byrne

Place of Business, 63 Hunt *Address,* 299 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Keeper of Common

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82997 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Barnes.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* 8 *Months,* 4 *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 14 Sassafras St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, About 12 months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 15/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 152 Sharp St.

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82998 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas B. Mills

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, white

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Tinner

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 61 years

Place of Death, {Give Street and Number.} 140 E. Fayette St

Cause of Death, First (Primary),

Second (Immediate), Heart disease, 3 mos

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 16 1885

Undertaker, John Lake

Place of Business, 201 Balto St

J. W. Hook M. D.
Medical Attendant.

Address, 75 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 82999

Office of Registrar of Vital Statistics. 10th M.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Virginia Lobes

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.} Female

Age, 10 *Years,* 9 *Months,* 8 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} 172 Pierce St. Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and number.} 172 Pierce St Baltimore

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.)

Duration of Last Sickness, Six days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16th 1885

A. Taylor-Norris, M.D.,
Medical Attendant.

Undertaker, Walter Donniel.

Place of Business, 315 W. Biddle St. *Address,* 3262 E. Eutaw St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City ... No. ...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83060 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine F. Bannity

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 280 Lexington St

Cause of Death, First (Primary), Apoplexy & Paralysis

Second (Immediate), Asthenia & Coma

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, St Johns

Date of Burial, April 15/85

Undertaker, Chas. F. Scriven

Place of Business, 27 N. Eutaw *Address,* 141 Lanvale St

A. C. Christ ... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certi

Health Department, City of Baltimore.

Permit No. 83001 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 14 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David A. Macleod

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months.* — *Days* 1

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Insurance Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} No. 420 Preston St.

Cause of Death, First (Primary), Frac. of base of skull from

Second (Immediate), the accidental falling of a board.

Instant death.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 16/85

Undertaker, Chas. J. Scriven

Place of Business, 271 N. Eutaw St.

Alexander Hill, M.D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 83007 *Office of Registrar of Vital Statistics.*, Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emma J. Coleman

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, / *Years,* 8 *Months,* *Days,*

Color Col

~~Married~~, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Va Virginia

Duration of Residence in the City of Baltimore, 1 5/12 years

Place of Death, { Give street and Number. } 167 Raley

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Sexual Disorder

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial April 16 1885

Undertaker, Hercules Barr

Place of Business, 95 Cor W Pratt

L M Cushman M. D., Medical Attendant.

Address, 249 Hurd

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

form

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 83003 *Office of Registrar of Vital Statistics.* Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anton D. Schaefer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 0 *Years,* 2 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 96 Richmond St

Cause of Death, First (Primary), Whooping Cough

Second (Immediate), Cerebral Effusion

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus cemetery

Date of Burial, April 15th

Undertaker A. Rosenberger

Place of Business 70 Amsberry ave

H. J. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 83094 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Bell

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, ~ *Years,* 10 *Months.* *Days*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 38 Elliny St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Abut 4 Weeks

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemty

Date of Burial, April 15" 1885

Undertaker, H. A. Kerchner

Place of Business, Arlington Ave *Address,* Camp St &c

James A Steuart M. D.

~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 83005

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 15 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice M, Kendall

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months.* 14 *Days*

Color,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 13 months.

Place of Death, {Give Street and Number.} #132 S. Eden Street

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 15 1885

Undertaker, H. C. Sander & Son

Place of Business, 252 Canton Av

Saml S. Powell *M. D.*
Medical Attendant.

Address, #29 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 83006 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Rhode

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 8 *Years,* 1 *Months.* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 40 E. Hamburg Lane

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 16 1885

Undertaker, H. Sandrock Son

Place of Business, 252 Lanvale *Address,* 40 E. Hamburg Lane

J. H. Duval, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83007 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry & Linda Ross (Parents)

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 Hour ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} No 470 E Monument st

Cause of Death, First (Primary), Premature birth

Second (Immediate), Asthenia

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Guilford Howard Co

Date of Burial, April 16th 1885

Undertaker, Henry McGinniss

Place of Business, 8 N Central ave

Thos S Steuart M. D.

~~Medical Attendant~~

Address, Canton Md & P

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M McKeown Sanitary Inspector [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83008 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Kemper

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 11. Ridgley

Cause of Death, First (Primary), Feeble since birth,

Second (Immediate), possibly some intestinal malformation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Ft Alyson

Date of Burial, April 16 —

Undertaker, B. Hank

Place of Business, 82 West Pratt

Edw. F. Mechlem M. D.
Medical Attendant.

Address, 283 N. Limit

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83009 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 15/85.

Undertaker, Joseph Sloan

Place of Business, Life.

R. H. Goldsmith M. D.
Medical Attendant.

Address, Hackemore & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83010 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

Date of Death, April 14/85 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Daily.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* ——— *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Convulsions -

Second (Immediate), Diarrhea -

Duration of Last Sickness, 3 months -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial, April 15/85.

Undertaker, Joseph Lerick -

Place of Business, Division & Harford

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 83011 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie White

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* 5 *Months,* ..... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} .....

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 10 Jackson Place Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 10 Jackson Place

Cause of Death, First, (Primary,) Capillary Bronchitis

Second, (Immediate,) .....

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Loudan Park Cem

Date of Burial, April 16th 1885

Undertaker, Henry Mitchell

Place of Business, 65 S Broadway

Wm D Porter M. D.,
Medical Attendant.

Address, 657 Park Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 83012 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Kahler.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4y *Years,* 11 *Months,* 9 *Days,*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto County, Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 295 Saratoga St.

Cause of Death, First (Primary). Convulsions

Second (Immediate). Ast Thenia

Duration of Last Sickness, 8 Weeks.

All the above info mation should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, April 16th 1885

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 273 Lexington

John L. Frazer, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83013 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 15 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Undutch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 Webb St.

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, April 16th 1885

Undertaker, B Hall

Place of Business, 52 West St

Thos A Stump M. D.

Medical Attendant

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Fielding, Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 83014 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE

Date of Death, Baltimore April 13 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm Aug Dorsey

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 7 *Years,* *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } # 611 Bruce Street

Cause of Death, First, (Primary,) Gastro Mesenterical

Second, (Immediate,)

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial A.A. Co. md By Bay

Date of Burial Apr 16 1885

Undertaker, William Dingle

Place of Business, 62 East St

John J. [illegible] M. D.,
Medical Attendant.

Address, Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3672 Transcription

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 83015 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD

Date of Death, April 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva Ann Crawford

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single,*~~ *Widow* or ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 97 ~~E. Baltimore~~ St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia,

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Bath County

Date of Burial, April 16 1885

Undertaker, John W Parker

Place of Business, Gay & Hoen's Address, 75 E. Baltimore St

J. W. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases

Board of Health, City of Baltimore.

Permit No. 83016 *Office of Registrar of Vital Statistics.* Ward 13 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 14 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Flanagan

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give street and number.} 140 Mc Henry St

Cause of death, First, (Primary,) Epilepsy

Second, (Immediate,) Dis Heart

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 16 85

Undertaker, Wm. Cadwan

Place of Business, 227 Eutaw St

J. W. Clark M. D.,
Medical Attendant.

Address, 247 N. Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83017 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Gordon

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 163 Lough st.

Cause of Death, First (Primary), Tabes Mesenterica

Second (Immediate), Marasmus

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem.

Date of Burial, April 17th 85

Undertaker, G. Frazer

Place of Business, 6 Bank & Wolf

G. A. Luck M. D.
Medical Attendant.

Address, Balt. & Bank sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 83018 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard P White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 19 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto 2nd Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} # 22 L. Church st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Non congestion of Blood

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, Apl 16 1885

Undertaker Austin Laws

Place of Business, 260 Light

M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 83019 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. a

HEALTH DEPARTMENT APR 15 1885 BALTIMORE, MD.

Date of Death, 15- April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Bl... Curd

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 11 *Months,* 20 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 780 W. Balt St.

Cause of Death, First (Primary), Valvular disease of the heart

Second (Immediate),

Duration of Last Sickness, died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 17th 1885

Undertaker S. M. Leonard & Son

Place of Business 782 W. Baltimore *Address,* 594 W. Lanvale

John ... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 8302 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Brown

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt Md

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 375 West St

Cause of Death, First (Primary), Hepatitis, Dropsy

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Harford county

Date of Burial, April 16 1885

Undertaker, Hercules Ross

Place of Business, 95 Con West *Address,* 161 E Pratt St

Dr. J. Bartlett *M. D.*
Medical Attendant.

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 83021 *Office of Registrar of Vital Statistics.* **Ward** 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Tubman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 17 N Dulin St

Cause of Death, First (Primary), Acute Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17-1885

Undertaker, Wm W. Madden

Place of Business, 46 East St

D H Cattell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 83022 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rev. John J. Dougherty

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clergyman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Epithelioma of face

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 yrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 17th

Undertaker, H. C. Wildefeld

Place of Business, 90 Fremont Ave

Oscar J. Cookson, M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

fo...

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83023 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Kerby

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 56 years

Place of Death, {Give Street and Number.} 14 Forest Place

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 16/1885

Undertaker, H. C. Wiedefeld

Place of Business, 90 Green St. *Address,* 172 E Calvert St

Geo. W. Lewis *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83024 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin P. Rogers

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 James alley

Cause of Death, First (Primary),

Second (Immediate), Malformation

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 17 2 P.M.

Undertaker, B. Harley

Place of Business, 47 West St

Robert S. Rowe M. D.
Medical Attendant.

Address, 233 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83025 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert Lypath

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 232 Battery Ave

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, April 16

Undertaker, B. Hall

Place of Business, 81 West St

Thomas Cole M. D. Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 83026 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Pfaff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 1 - 10

Place of Death, {Give Street and Number.} 69 Battery ave.

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Apnoea 4 days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hollyrood

Date of Burial, April 16

Undertaker, B. Wheeler

Place of Business, 82 West St *Address,* 313 Lig Ave

Robt Ellis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83047

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled *out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Fredrick

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and number.} 54 Division St.

Cause of Death, {First (Primary.) Phthisis Pulmonalis
Second (Immediate,) Asthenia

Duration of Last Sickness, Five Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 18th 1885

Undertaker, Walter Immel

Place of Business, 315 W. Biddle St

T. F. McCormick M.D.
Medical Attendant.

Address 451 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Health Department, City of Baltimore.

Permit No. 83028 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Stansbury

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* — *Months,* — *Days*

Color, Col

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Brick Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co 40 yrs

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} No 12 Chestnut Alley

Cause of Death, First (Primary), Heart disease. (Mitral) —

Second (Immediate), Dropsy

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 16 1885

Undertaker, S W Chase

Place of Business, 198 Lanvale

Was attended from the Dispensary — Did not see him personally

Chas E Hatton M. D.

~~Medical Attendant.~~ Dispensary Physician

Address, Univ of Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 83429 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4/14/85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Columbus Sanders

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 70 *Years,* *Months,* *Days.*

Color B

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co, Md

Duration of Residence in the City of Baltimore, 64 yrs

Place of Death, { Give street and Number. } 2 Plum al

Cause of Death, First, (Primary,) Bright's disease

Second, (Immediate,)

Duration of Last Sickness, 1 yr

All the above information should be furnished by the Physician.

Place of Burial. Sharp St Cemetery

Date of Burial. April 16 1885

Undertaker. S H Chase

Place of Business, 195 Howard st

W M Eastman M. D.
Medical Attendant.

Address, 324 Fleet

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 18030 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan. Latterdetto 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} April 15 1885

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* 2 *Months,* — *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 5 Yrs.

Place of Death, {Give Street and Number.} 145 Linden St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loyola

Date of Burial, April 17th 1885

Undertaker, Samuel Gr Chase

Place of Business, 196 S. Howard St

H F Hill M. D.
Medical Attendant.

Address, 23 2d Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{OVER.}

Health Department, City of Baltimore.

Permit No. 83031 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE MD.

Date of Death, April 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Carr

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, fifty *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Brown

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} No. 15 Sarah Ann St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Disease of heart

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Shark's Cemetery

Date of Burial, April 16th 85

Undertaker, Sam'l Shaw

Place of Business, 90 S. Howard *Address,* 120 N. Green st.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83032 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE MD.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Morrissey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 16 yrs

Place of Death, {Give Street and Number.} 54 Boyd

Cause of Death, First (Primary), Asthenia from difficult

Second (Immediate), Labor — No reaction after

Duration of Last Sickness, delivery —— 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 17th

Undertaker, John J Bowen

Place of Business, 89 Lubin st

Edw F. Nicholl M. D.
Medical Attendant.

Address, 283 N. Linwood

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore,

Permit No. 83033 *Office of Registrar of Vital Statistics.* **Ward** 7 11/0

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 15. 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Kirk

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 41 5 *Years,* *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. } Married

Occupation Clerk

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 357 N. Central Ave.

Cause of Death, First (Primary), Pulmonary phthisis

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, April 17th 1885

Undertaker Henry W. Mears

Place of Business, 45 N Gay St

Geo. A. Hartman M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 83034 *Office of Registrar of Vital Statistics.* Ward 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas J. Noon

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 107 Elliott St Canton

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Pats. Cem

Date of Burial, April 16 '85

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

Geo. B. Newman M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 83035 *Office of Registrar of Vital Statistics.* Ward 13?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 16 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 15 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marguretha Wolff

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 82 *Years,* — *Months,* 8 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Obere Zella. Saxen Weimar. Germany

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} N Pine St 18

Cause of Death, First (Primary), Old age

Second (Immediate), Weakness

Duration of Last Sickness, Has not been sick

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 17th 1885

Undertaker, Ph. Seuald

Place of Business, 35 S. Eutaw St *Address,* 205 W Lombard St

A. J. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases &c.

Health Department, City of Baltimore.

Permit No. 83036 *Office of Registrar of Vital Statistics.* Ward 9"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 12 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 42 N. Calvert

Cause of Death, First (Primary), Mountgomery Croup

Second (Immediate), Exhaustion

Duration of Last Sickness, about one week

All the above Information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, Apr 16 1885

Undertaker, Wm N Dunger

Place of Business, 162 E. Fayette St

Geo. B. Reamer M. D.
Medical Attendant.

Address, 17 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 83037 *Office of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wiegand.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 59 *Years,* 6 *Months,* 17 *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.} Married

Occupation, Iron Moulder.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 18 Church St.

Cause of Death, First, (Primary,) Locomotor Ataxy.

Second, (Immediate,) Convulsions.

Duration of Last Sickness, Hour & Day

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 17/885

Undertaker, Cemetery Comp'y

Place of Business, 267 Light

William Tilden M. D., Medical Attendant.

Address, 343 Penna ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases o...

Health Department, City of Baltimore.

Permit No. 83038 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McNally

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, 3 years.

Place of Death, {Give Street and Number.} 19 Stockholm St.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia. (Typhoid)

Duration of Last Sickness, 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 17 1885

Undertaker, Chamberlain & Army

Place of Business, 263 Lombard St

R. J. N. Tall M. D.
Medical Attendant.

Address, 152 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83039 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christiana Eleana Steugler

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 76 *Years,* *Months,* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 366 Williams St.

Cause of Death, First (Primary), Senile

Second (Immediate), Debility

Duration of Last Sickness, some years

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C

Date of Burial, April 17

Undertaker, B. Hurle

Place of Business, 82 West St. *Address,* 281 S. Charles St.

Jno. A. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on [illegible]

Board of Health, City of Baltimore,

Permit No. 83040 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 15th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Bishop

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Head of a family

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Co.

Duration of Residence in the City of Baltimore, Many years

Place of Death, {Give street and Number.} 445 N. Fremont St.

Cause of Death, First, (Primary,) Over exertion

Second, (Immediate,) Paralysis

Duration of Last Sickness, 4½ Months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17th 1885.

Undertaker, D Emmy & Mitchell

Place of Business, 550 W. Fayette St. *Address,*

Edward A. Marsh M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83041

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Miss Annie Anderson

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Rockville Montgomery Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give street and number.} 25 Etting St.

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Old age

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Montrose Park Co

Date of Burial, April 18th 1885

William B. Hidden M. D.
Medical Attendant.

Undertaker, Chas. E. Thompson

Place of Business, Park & Paraty & Co

Address 84 W. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Board of Health, City of Baltimore,

Permit No. 83042 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 17 1885
BALTIMORE, MD.

Date of Death, Apr. 16.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Flannigan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days,*

Color, W.

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Religious

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pettsburg

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give street and Number.} Carmelite Convent

Cause of Death, First, (Primary,) Gastric Irritation

Second, (Immediate,) asthenia

Duration of Last Sickness, ten days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 18th 1885

Undertaker, Henry Enkin Son

Place of Business, Park Variety

F. E. Chatard M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 83043 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Nagel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1044 E Madison Ave

Cause of Death, First (Primary), Pulmonial Thrombosis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 17th 1885

Undertaker, Wm Woolard

Place of Business, 257 Aliceanna

D. E. Stitt M. D.
Medical Attendant.

Address, 1120 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 830454 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Brady.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* One *Months,* 23 *Days.*

Color, White.

Married, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore. Md.

Duration of Residence in the City of Baltimore, All her life.

Place of Death, {Give street and number.} 448. West Fayette St

Cause of death, First, (Primary,) Fatty Heart & old age

Second, (Immediate,)

Duration of Last Sickness, About 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, April 17th 1885

Undertaker, Wm. Weaver

Place of Business, No 202 N. Eutaw St

Addison C. Fox M. D.,
Medical Attendant.

Address, 368. Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 83045 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD. 1885

Date of Death, April 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Linda Jane Hoffman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 42 S Oriole St.

Cause of Death, First (Primary), ...

Second (Immediate), Croup

Heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 17/85

Undertaker, Wm S Fry

Place of Business, 81 W Broadway

E. [illegible] M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83046 *Office of Registrar of Vital Statistics.* Ward 13 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, 15 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christoph Bartell

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 60 *Years,* 8 *Months,* 10 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, undertaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kirchhagen - Kapia. - Germany 39 years

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} W. Baltimore Street 642

Cause of Death, First (Primary), Stenosis pylori

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 19 April 1885

Undertaker, James P. Byrne

Place of Business, Front St. —

L. F. Reinhard M. D.
Medical Attendant.

Address, 205 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 83047 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17. 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 15/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie M. Alsop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 8 *Months,* 3 *Days*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 3 Smith St

Cause of Death, First (Primary),

Second (Immediate), Croup

Duration of Last Sickness, 3 Hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 17/85

Undertaker, Alex Hemsley

Place of Business,

Jas A Adams M. D.

~~Medical Attendant~~

Address, Cumb Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Geo A Comegys Sanitary Inspector

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba...

Board of Health, City of Baltimore,

Permit No. 83048 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 15th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Henry Miller

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 35 *Years,* *Months,* 10 *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower,~~ { Cross out the word not required in this line. }

Occupation Baker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 4 yes.

Place of Death, { Give street and Number. } No number — Eagle St.

Cause of Death, First (Primary), Uraemic Convulsions

Second (Immediate), following Bright's disease of Kidneys

Duration of Last Sickness, 6 months

the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, Apr. 17/85

Undertaker J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 279 W. Fayette St.

J. H. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 83049 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1885 Balt

CERTIFICATE OF DEATH.

Date of Death, April 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frankie a. Voyer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, [redacted] *Years,* 8 *Months,* 3 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out two words not required in this line.} Single

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Infancy

Place of Death, {Give Street and Number.} 17 N. Fayette Obstruction of Bowels

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, 2½ days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St.

D Sheets M. D.
Medical Attendant.

Address, 143 N. Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 20 1

Permit No. 83050

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 17 1885

CERTIFICATE OF DEATH.

Date of Death, April 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet W. James

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 59 *Years,* 9 *Months.* *Days*

Color, White

Married, ~~Single~~, *Widow or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 Years

Place of Death, {Give Street and Number.} 112 Harlaem Ave

Cause of Death, First (Primary), Bright's Disease

Second (Immediate), & Cancer

Duration of Last Sickness, about 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 19th 1885

Undertaker, Henry W. Ireland

Place of Business, 45 N. Gay St

H. J. Innes *M. D.*

Medical Attendant.

Address, 2 Cathedral St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83051 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dorothea Fisher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Drop Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 19 years

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 16 E Lombard

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, April 19/85

Undertaker, C F Rau

Place of Business, 62½ W Balt St

James E Donnelly M. D.
Medical Attendant.

Address, 49 E Balt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 83057 — *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Dora Lotz.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months,* ..... *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 24 years.

Place of Death, {Give Street and Number.} 35 Biddle Alley

Cause of Death, First (Primary), Pleuritis, comming on during Puerpera-

Second (Immediate), Exhaustion.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 19th 1885

Undertaker, Kline & Meeker

Place of Business, No 154 Saratoga

H. Ricketts, M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83053 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Flaherty

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 74 N. Amity

Cause of Death, First (Primary), Acute Hydrocephalus

Second (Immediate), " "

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 18th 85

Undertaker, Matthai-Cadman

Place of Business, 227 W. Pratt St.

Thos O'Sullivan M. D.
Medical Attendant.

Address, 179 N. Howard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83052 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

Date of Death, April 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Garbrad

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 16 yrs -

Place of Death, {Give Street and Number.} 60 Philpot St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, April 18th 85

Undertaker, G. Franck

Place of Business, Bank & Wolfe Sts *Address,* 50 S Broadway

R. N. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention to Questions ... is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83065 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE APR 17 1885

Date of Death, April 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Conrad Schmidt

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Years, Months, 1/4 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 S. Durham St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 17th 1885

James A Steuart M. D.

~~Medical Attendant~~

Undertaker, Germanus Franck

Place of Business, Bank & Wolf Sts. *Address,* Camp & B & R

Wm. L. A. Blagett

Inspector

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83056 *Office of Registrar of Vital Statistics.* Ward 1 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE

Date of Death, April 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Armstrong

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, 2 years.

Place of Death, {Give Street and Number.} 447 E. Baltimore St.

Cause of Death, First (Primary), Old age.

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Wilmington Del

Date of Burial, April 18th 1885

Undertaker, Henry Mitchell

Place of Business, 530 W. Fayette St. *Address,* 35 E. Baltimore St.

J. W. Honek M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3675 Transcript

[OVER.]

Health Department, City of Baltimore.

Permit No. 83057 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT 1885 BALTIMORE, MD.

Date of Death, April 16th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet L. Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Unknown

Place of Death, {Give Street and Number.} S. E. Corner John & Lemmon Sts

Cause of Death, First (Primary), Acute Poisoning (Accidental)

Second (Immediate), Heart failure.

Duration of Last Sickness, Three hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount.

Date of Burial, April 18/85.

Undertaker, H. M. Jenkinson

Place of Business, Park Avenue Address, 94 Saratoga St

F. H. Pearson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Notice below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83058 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Tighe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 13 Years

Place of Death, {Give Street and Number.} 72 Portland St

Cause of Death, First (Primary), ...

Second (Immediate), Typhoid Pneumonia

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemty

Date of Burial, April 18th 1885

Undertaker, Jno J. Boyne

Place of Business, 57 N Liberty St

W. R. McAllen M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83059 *Office of Registrar of Vital Statistics.* Ward 9 F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE APR 17 1885

Date of Death, April 16th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Gollinghorst Sr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. (20 yrs in U.S.)

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} 72 Conway St.

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Tuberculosis.

Duration of Last Sickness, about 5 Months.

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, April 19th

Undertaker, P. N. Troll.

Place of Business, 131 Hanover St. *Address,* 152 Shamp St.

P. J. N. Tall, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83060 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Emery

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 2 *Months.* *Days*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Waitress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 54 Eutaw St

Cause of Death, First (Primary),

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, about 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, April 18/85

Undertaker, J. Bleeks

Place of Business, 707 W Balto St

W. Chew Hunter M. D.
Medical Attendant.

Address, 52 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83061 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 17 1885 BALTIMORE

Date of Death, April 16th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frank Rose

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give Street and Number.} No 22 Forrest Place

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 18th

Undertaker, Geo Schilling

Place of Business, Holland Square *Address,* Baker St

W. H. Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83062 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 17. 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Whelan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Religious

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Couty Md.

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, {Give street and Number.} Carmelite Convent

Cause of Death, First, (Primary,) old age.

Second, (Immediate,) Bronchitis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, April 20th 1885

Undertaker, Hellen Cem Co

Place of Business, Park & Analysen

F. E. Chatard Jr M. D., Medical Attendant.

Address, 114 East

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83063 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 18 1885 MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 17.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Dautmeier

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 1 *Years,* 9 *Months,* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Clemmers Alley 22. No.

Cause of Death, First (Primary), Bronchial Catarrh

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 19 1885

Undertaker, Michael Funk

Place of Business, 35 Bunker St

John A Schmitz M. D.
Medical Attendant.

Address, 1 E Lee Lough & Ed

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8306 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Gibson

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days,*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation ~~Waiter~~ Sailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 49 Years

Place of Death, {Give street and Number.} 49 State St.

Cause of Death, First (Primary), General cold Complicated with

Second (Immediate), ~~Lung Trouble~~ Congestion of Lungs

Duration of Last Sickness, About one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 1885

Undertaker Wm. Armistead

Place of Business, 116 Orchard St. *Address,* 152½ N. Eutaw St.

J. Kingsbury M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83065 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, 17 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schroeder

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 44 *Years,* — *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. 30 y. in U. S.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} W. Baltimore N. 1137.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 20 April 1885

Undertaker, T. P. Paulus

Place of Business, 66 Fred. Road

A. J. Reinhard M. D.
Medical Attendant.

Address, 205 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83066 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Oscar Behet

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years.* 6 *Months.* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and Number.} 20 Sterrett

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Hydrocephaloid. 1 week 3 months.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Centre

Date of Burial, April 20th 1885

Undertaker Geo Leinbach

Place of Business, 589 W. Balt. St. *Address,* 587 Greene St

C. Edw. Janney M. D.
Medical Attendant.

Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83067 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 18 1885
BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 16 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Gibson

Sex, Male ~~or Female.~~ { Cross out the word not required in this line. }

Age, About 65 *Years,* *Months,* *Days,*

Color, Negro

Married, ~~Single, Widow or Widower.~~ { Cross out the word not required in this line. }

Occupation Hod-carrier

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Cambridge Md

Duration of Residence in the City of Baltimore, Unknown

Place of Death, { Give street and Number } 84 Milliman St

Cause of Death, First (Primary), General Anasarca

Second (Immediate), Apnoea

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Woodberry Ex Cemetery

Date of Burial, April 18th 1885

Undertaker Wm. McDonnell

Place of Business, 1162 East St

J. B. Schwatka M. D.
Medical Attendant.

Address, 293 N Bond

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83068 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ April 16—85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William P Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months.* 10 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 14 Edward St.

Cause of Death, First (Primary), Laryngeal Diphtheria

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev. Cemetery

Date of Burial, April 18th 1885

Undertaker, Wm. M. Lamdin

Place of Business, 1061 East St

F. F. Mayer M. D.
Medical Attendant.

Address, 15 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83069 *Office of Registrar of Vital Statistics.* Ward 12"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Chew

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* 22 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 261 Druid Hill Ave.

Cause of Death, First (Primary) Mitral Insufficiency & overwork (Physical)

Second (Immediate) Hemiplegia of Mitral Insufficiency.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 18

Undertaker, Wm J. Tickner

Place of Business, 65 S. Eutaw St

Eldridge C. Price, M. D.
Medical Attendant.

Office 262 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83070 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. D

Date of Death, April 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizette Bein

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 30 years

Place of Death, {Give Street and Number.} 84 Lexington St

Cause of Death, First (Primary), Collapse with chronic Gastritis.

Second (Immediate), Exhaustion induced by Perforating ulcer

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery

Date of Burial, April 21st 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Place of Business,

Henry Salzer M. D.
Medical Attendant.

Address, 167 N Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83071

Office of Registrar of Vital Statistics. 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

a

HEALTH DEPARTMENT, 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Conrick

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* 17 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 552 Cross St

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.) Convulsions

Duration of Last Sickness, Two wks

All the above information should be furnished by the Physician.

Place of Burial, St Stephens

Date of Burial, 19th Apl 85

Undertaker, J B Corkey

Place of Business, Balt Town

F. Smith *M.D.,*

Medical Attendant.

Address, 116 Cathedral

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83074 *Office of Registrar of Vital Statistics.* Ward 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 17. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Georgiana Burns

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, W

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} # 79 N. Schroder st

Cause of Death, First (Primary). Valvular Disease of Heart

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, Apr 20/85

Undertaker, J. B Cook

Place of Business, 707 W Balto St *Address,* 306 N. Gay St

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83073 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretta Muelle

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 87 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Marburg Germany

Duration of Residence in the City of Baltimore, 47 y.

Place of Death, {Give Street and Number.} 28 N. Front Street

Cause of Death, First (Primary), Old age

Second (Immediate), Bronchial catarrh

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park 6 pm.

Date of Burial, April 17 1885

Undertaker, John Kenney. L. F. Reinhard M. D. Medical Attendant.

Place of Business, 352 Columbus Ave *Address,* 205 W. Lombard Street

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83074 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 18 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm Collins

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* Eight *Months.* —— *Days,*

Color, Negro

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 60 Wilcome Al.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ——

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, April 19 1885

Undertaker Geo W Perkins

Place of Business, 221 Hanover St *Address,* 375 Madison Ave.

Newberry ct, S. Keyser M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83075 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 15th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Travas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 12 X. alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 19 1885

Undertaker, Geo. W. Elkins

Place of Business, 221 Hanover St *Address,* 57 Bar

H V Mobley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83076 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months.* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 100 Fourth St.

Cause of Death, First (Primary), Scarlatina Maligna

Second (Immediate), convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, April 19th 85

Undertaker, C. Trance

Place of Business, Pratt & Wolfe Sts. *Address,* 500 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 83077 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU DEPARTMENT APR 18 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 17/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Norris

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} male

Age, 52 *Years,* *Months,* *Days.*

Color, Black

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, Some 30 years

Place of Death, {Give street and number.} 224 Hamburg st

Cause of death, First, (Primary,) Miliary Tuberculosis (Pul. Phthisis)

Second, (Immediate,) Exhaustion, (Paralysis of Heart)

Duration of Last Sickness, About 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21st 1885

Undertaker, Sam'l M. Chase

Place of Business, 198 S. Howard st

R. W. Mifflin M. D.,

Medical Attendant.

Address, 188 Saratoga st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83078 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *duly and fully filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 18 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Thomas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* about 3 *Months,* *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 229 Chestnut Alley

Cause of Death, First (Primary), Acute Meningitis

Second (Immediate), " "

Duration of Last Sickness, Ten days.

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 19th 1885

Undertaker Saml W. Chase

Place of Business, 198 S. Howard St. *Address,* 316 Franklin St

A. K. Bond *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83079 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J Bowers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 1 y 20 *Years,* 4 *Months.* 17 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 27 Balt Co

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} — 5th 5th

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20th 1885

Undertaker, Walter Durnell

Place of Business, 116 W. Biddle St Address,

H. J. Hunt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83080 *Office of Registrar of Vital Statistics.* Ward 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A Downs

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 125 Montgomery st

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, a few minutes.

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, Apl 19

Undertaker, Smithson & Dunn

Place of Business,

H W Webster M. D.
Medical Attendant.

Address, 69 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83081 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Batchler (Infant)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 16 E. Fayette St

Cause of Death, First (Primary), It was supposed premature

Second (Immediate), Convulsions

Duration of Last Sickness, 1 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 18 th

Undertaker, W Kippel

Place of Business, 151 E Baltimore St

Edward P Mudd M. D.
Medical Attendant.

Address, 57 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8308[illegible] *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Stahl

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 12 *Years,* 10 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 48 O Donnell st

Cause of Death, First (Primary), —

Second (Immediate), Peritonitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 20 April 1885

Undertaker, John C. Schuh

Place of Business, 265 Allen avenue

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and disease and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 83083 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE MD.

Date of Death, April 17. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samual. Robert. Mooney.

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, — *Years,* 9. *Months,* — *Days,*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give street and Number.} 180. Central. Ave.

Cause of Death, First, (Primary.) Cerebro Spinal Meningitis.

Second, (Immediate,) Exhaustion.

Duration of Last Sickness, About 36 hours.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 20 '85

Undertaker, Henry Mock

Place of Business, N. Eutaw

J J Head — M. D.,
Medical Attendant.

Address, 216. E Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special ... of Physicians is respectfully invited to the items as below, and to list of Diseases on back of this ...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83084

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Flynn

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 73 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Stone mason

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland - 36 yrs in America

Duration of Residence in the City of Baltimore, 36 yrs

Place of Death, {Give street and number} 144 Division St

Cause of Death {First, (Primary,) Heart Disease
Second, (Immediate,) Exhaustion

Duration of last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, R. Cem. Cathedral

Date of Burial, April 20/85

Undertaker, Chas. J. Scriven

Place of Business, 27 N. Eutaw

F. J. Flannery, M. D.
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

AK SAFETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 83085 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Daniel Wesley Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, about 40 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Waiter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick County, Maryland

Duration of Residence in the City of Baltimore, 13 Years.

Place of Death, {Give street and Number.} 117 Chestnut Alley.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Diarhoea.

Duration of Last Sickness, Three months

the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, April 19 1885

Undertaker Millard Lunger

Place of Business, 62 East St

Geo. C. Shannon M. D.
Medical Attendant.

Address, 167½ N. Biddle St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

Board of Health, City of Baltimore,

Permit No. 8306 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, Baltimore April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Am. C. Myers

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* ..... *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ✓

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} #51 Bruce St Balto Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} #46 N Pratt St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,) .....

Duration of Last Sickness, 2 Weeks.

All the above Information should be furnished by the Physician.

Place of Burial, Hampstead Cemetery

Date of Burial, April 19 1885

Undertaker, William A Dunagee

Place of Business, 62 East St

Jno. H. Walker M. D.,
Medical Attendant.

Address, Balto City Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 3

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8307

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
APR 19 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 17 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Blake

Sex, Male or ~~Female~~, { cross out the word not required in this line. }

Age, 60 *Years,* *Months,* *Days.*

Color, Colored

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Labor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 43 S Bethel St

Cause of Death, { First, (Primary,) Heart Disease

Second, (Immediate,) Old Age

Duration of last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Evergreen

Date of Burial, April 19th 1885

Undertaker, Thos J Fooks

Place of Business, 736 Jefferson St

I C Hall Jr M. D.

~~Medical Attendant~~ Coroner

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83085 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 19 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Frach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Two 2 *Years,* Nine 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 249 N. Durham St

Cause of Death, First (Primary), Acute Pneumonia (Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, Ten (10) days

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, April 19th

Undertaker, Frank Brach

Place of Business, 249 N. Durham St *Address.*

Edward Boyer M.D. Medical Attendant.

Caroline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83689 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 19 1889
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, April 16th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Beadshaw

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married,*~~ ~~*Single,*~~ *Widow* ~~*or Widower;*~~ {Cross out the words not required in this line.}

Occupation, Market women

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Alexandria Va.

Duration of Residence in the City of Baltimore, 4 Months.

Place of Death, {Give Street and Number.} 39 Rebecca St.

Cause of Death, First (Primary), Bright's disease of Kidneys

Second (Immediate), Nearly 3 yrs.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, April 18 1889

Undertaker, E W Chase

Place of Business, 191 Howard St

J. H. Hoffmann M. D.
Medical Attendant.

Address, 279 W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 53090 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT
APR 19 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Friday April 17th. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. J. Huttonbergen

Sex, Male or Female, {Cross out the word not required in this line.} F. Male

Age, 3 *Years,* 1 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 215 Greenmount Ave

Cause of Death, First (Primary), Injury received by falling over a bay to head of stairs

Second (Immediate), Vomiting High fever, Convulsions.

Duration of Last Sickness, 7 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 20th

Undertaker, H. C. Windefeld

Place of Business, 9a Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Chas St & Fremont Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this.

Board of Health, City of Baltimore, 20

Permit No. 83091

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT
APR 19 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 17 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Healy

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 84 *Years,* ____ *Months,* ____ *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ Widow

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} County Clare, Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and number} 137 N. Allington Ave.

Cause of Death, First, (Primary,) ____

Second, (Immediate,) Shock from Fall

Duration of last Sickness, About Seven Hours

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 19th

E. B. Rice M. D.
Medical Attendant.

Undertaker, H. C. Wiedefeld

Place of Business, 70 Guilford Ave *Address,* 195 N. Fremont St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

...of this Certificate.

Health Department, City of Baltimore.

Permit No. 83092 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE APR 19 1885

CERTIFICATE OF DEATH.

Date of Death, April 16. '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Wolge

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 1 day

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Brights Disease

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, 4/19 1885

Undertaker, H. Saunders & Son

Place of Business, 252 Carlton Ave

C. R. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83693

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Skothe

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, Six *Years,* eight *Months,* *Days.*

Color, White *Sex,*

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 231 Mulberry Street

Cause of Death, { First (Primary,) Scarlet Fever. / Second (Immediate,) }

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, April 19th 1885 Morris Heiner M. D.

Medical Attendant.

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont *Address* ~~Hon~~ 319 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the Remarks below, and to those on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83794 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 19 1886 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 1886

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Herman Herz

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 66 *Years,* *Months,* *Days.*

Color, White

~~*Married, Single, Widow*~~ or *Widower,* { Cross out the word not required in this line. }

Occupation, Bookbinder

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 10 years

Place of Death, { Give street and Number. } Hebrew Hospital

Cause of Death, First, (Primary,) Vesicular Emphysema

Second, (Immediate.) Asthenia

Duration of Last Sickness, Cannot say definitely

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholam Cemetery

Date of Burial, April 19 J. E. Schaw M. D.,

Undertaker, Wm Eilau Medical Attendant.

Place of Business, 101 Gough St Address, 1 E Eager Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83096 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT APR 19 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Georgeanna B. Webster

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } Female

Age, 57 *Years,* 8 *Months,* 17 *Days,*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 450 E. Lombard St.

Cause of Death, First, (Primary,) Malarial Fever

Second, (Immediate,) Intercurrent Pneumonia

Duration of Last Sickness, Under treatment 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 20th 1885

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

Jno. T. Towell. M. D., Medical Attendant.

Address, 227 Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

V.D. Note on Back

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this C.

Health Department, City of Baltimore.

Permit No. 8309 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MD. 1885

Date of Death, April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Lambert

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female

Age, 22 *Years,* 9 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 72 Block st

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Pseudomembranous Laryngitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, April 20th 1885

Undertaker, Wm Nicholas

Place of Business, 253 Alice Ann.

Thomas B. Evans M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8397 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard D. Daffin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 3 Fremont St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 2 or 3 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 20th 1885

Undertaker, L. Louis Schaefer

Place of Business, 109 N Fremont *Address,* 23 Eden Av

A. H. Hill *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82998 *Office of Registrar of Vital Statistics.* Ward 13 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 20 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 4. 18. 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Hugh O Bradley

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 74 *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Hackman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give street and Number. } 245 Gerrard

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Pleurisy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 20th 1885

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 349 Lanvale

P. H. Buchanan *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83099 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED APR 20 1885 REGISTRAR MD.

CERTIFICATE OF DEATH.

Date of Death, April 18. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Finn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 9 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Restaurateur

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 32 Pleasant st.

Cause of Death, First (Primary), Acute inflammation of

Second (Immediate), Anasarca

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 20th 1885

Undertaker, Henry W. Hears

Place of Business, #445 N. Gay St.

G. Glanville Lucke M. D.
Medical Attendant.

Address, 1 Balto Med. Col.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82100 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 20 1885 REGISTERED BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marriott Edw Mears

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 125 W Stricker

Cause of Death, First (Primary), Inflammation of Brain

Second (Immediate), [redacted]

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 20th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St. *Address,* 319 Hallum St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 85101 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard H. Thomas

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 15 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 534 Cross St

Cause of Death, First (Primary),

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 20

Undertaker, B. Ward

Place of Business, 42 West St

Geo D. Hake M. D.
Medical Attendant.

Address, 158 S. Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83102 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 26 1885

CERTIFICATE OF DEATH.

Date of Death, April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie May Paper

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* 1 Hour (8) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Since birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 193 Greenmount Ave

Cause of Death, First (Primary), Convulsions

Second (Immediate), Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 20th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount

Leo Howe M. D.
Medical Attendant.

Address, 193 E Cor Gay & Fairmount

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83103 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE APR 20 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 18 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Canoles

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 139 McElderry St

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, Half a Year

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 20th

Ethell Rutledge M. D.
Medical Attendant.

Undertaker, H. C. Windfield

Place of Business, 70 Greenmount Ave Address 118 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83104 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE MD

CERTIFICATE OF DEATH

Date of Death, April 17th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Farrell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give street and Number.} 159 Gay st.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St Vincents cemetery

Date of Burial, April 20 1885

Undertaker, James D Byrne

Place of Business, 1063 Fr Front St

Samuel J. Fort M. D.
Medical Attendant.

Address, 361 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the du of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furni within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting for as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, a the cause and date of death, except in cases of births and deaths of Illegitimate children. [OVE

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83105 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate!

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hulse

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Labor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 5 Young St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 20 1885

Undertaker, Jas. P. Byrne

Place of Business, 63 N. Front St. *Address,* 71 N Eutaw St

..... M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8310 6 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ralph Elmes.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation School-boy

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Richmond Co., Va.

Duration of Residence in the City of Baltimore, 7 years.

Place of Death, {Give street and Number.} 107 Chestnut Alley.

Cause of Death, First (Primary), Cerebro-spinal Meningitis.

Second (Immediate), Effusion,

Duration of Last Sickness, 2 days,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 20th 1885

Undertaker W. W. Madden

Place of Business, 76 East St.

John D. Pennington M. D.
Medical Attendant.

Address, 134 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8307

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8307 *Office of Registrar of Vital Statistics.* **Ward** 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18"

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About 40 *Years,* ..... *Months,* ..... *Days*

Color, Black

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Steward

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, fifteen years

Place of Death, {Give Street and Number.} 7 Aliand Alley

Cause of Death, First (Primary), Dropsy

Second (Immediate),

Duration of Last Sickness, four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Pub. Cem

Date of Burial, April 20, 1885 Thos A Kenny M. D.

Undertaker, T. A. Kerchner. Medical Examiner Comm'r of Health, Md, Registrar

Place of Business, Ashington av Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Anding = Inspector

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83108 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1885

CERTIFICATE OF DEATH.

Date of Death, April 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Hepburn

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 65 *Years,* 9 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Georgetown D.C.

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} 16 Augusta St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery

Date of Burial, April 20th 1885

Undertaker, M. A. Daiger

Place of Business, 74 S. Broadway

E. T. Evans M. D.
Medical Attendant.

Address, 373 E. Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 11"

Permit No. 83109

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, immediately filled out, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James D. Magee,

Sex, Male or Female, {Cross out the word not required in this line.} Male —

Age, 36 — *Years,* — *Months,* — *Days.*

Color, White —

Sex, Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single.

Occupation, Grocer —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Belfast, Ireland —

Duration of Residence in the City of Baltimore, 6 months —

Place of Death, {Give street and number.} 186. Franklin St —

Cause of Death, First (Primary,) Phthisis Pulmonalis —

Second (Immediate,) Exhaustion —

Duration of Last Sickness, Since Jany 85

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemy

Date of Burial, April 20th 1885

Undertaker, Geo. Leimbach

Place of Business, 384 W. Fratt St.

H. Hartman M. D.
Medical Attendant.

Address 44. Franklin —

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the d[uty] of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnis[h] forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certific[ate] as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the per[son] cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8310 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH. 74

Date of Death, April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} R. S. Gittings

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Livery man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, ~

Place of Death, {Give Street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Abscess of brain 2

Second (Immediate), Compression of brain

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 21 1885

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 188 N. Calvert St

Oscar J. Cohen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8111 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19/85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Hanson

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, *Years,* *Months.* One *Day*

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto. city

Duration of Residence in the City of Baltimore. —

Place of Death, { Give Street and Number. } S.W. Cor Washn & Bond

Cause of Death, First (Primary), Cyanosis

Second (Immediate), —

Duration of Last Sickness, during life time

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, April 19. 1885

Undertaker, H. Hofmann

Place of Business, 63 N. Eden *Address,* 50 S Broadway

R.W. Mansfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistids in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8311/2 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Remlein

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 7 *Months,* 3 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ *or* ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} Rear 191 S. Washington st

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 20th 1885

Undertaker, H. H. Sanders & Son

Place of Business, 352 Lexington *Address,* Camp & Mount

James A. Clements M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Emanuel Weinmann
Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83113 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 17 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Deale

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* 5 *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Minister - M E Church

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give Street and Number.} 1 J. S Caroline St

Cause of Death, First (Primary), Exhaustion Dropsy of Heart

Second (Immediate),

Duration of Last Sickness, 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 21st 1885 C Hall Ruddy M. D.

Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway Address, 18 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 3114

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8311 cf *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 19 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Moses

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 24 N Eutaw St

Cause of Death, First, (Primary,) Scrofula - Bronchitis

Second, (Immediate,) Asthenia

Duration of Last Sickness, 3 mos

All the above Information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, Apr. 21

Undertaker, Wm. Eilan

Place of Business, ...

F. E. Chatard Jr M. D.,
Medical Attendant.

Address, 114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83115 *Office of Registrar of Vital Statistics.* 18 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or Coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Kelly

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* *Days.*

Color, Color

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} St. Mary's Co. Md

Duration of Residence in the City of Baltimore, 13 Yrs.

Place of Death, {Give street and number.} # 18 Stockholm St.

Cause of Death, First, (Primary.) Asthma

Second, (Immediate.) Apnoea

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem.

Date of Burial, 20th Apl. 1885

Undertaker, Wm Abel

Place of Business, Pitts & Hoye

E. C. Couch *M.D.,*

Medical Attendant.

Address, 140 E. Lanvale St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83116 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR. 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa V Palmer

Sex, Male or Female, {Cross out the word not required in this line.} Femal

Age, 6 *Years,* 1 *Months,* 13 *Days*

Color, Col

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 231 S. Eutaw St.

Cause of Death, First (Primary), Malaria et Articular Rheumatism

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, April 20 1885

Undertaker, Hercules Ross

Place of Business, 95 Lon Wayst

L. D. Dyer M. D.
Medical Attendant.

Address, 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83117 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Della

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 58 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Bucketer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 182 Montgomery St

Cause of Death, First (Primary), Insanity

Second (Immediate), Convulsions

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 21 April

Undertaker, Armstrong & Denny

Place of Business, Montgomery St

C. W. S. Dorsey M. D.
Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 83118

16 ""

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Blumhoff

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 274 S Paca St.

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) Asthenia

Duration of Last Sickness, 3 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, Apl 20th 85

Undertaker, Jones Stagg & Bond

Place of Business, 12 Light St Wharf

(A. Lemmitt) *M.D.,*

Medical Attendant.

Address, 106 Lombard St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83119 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Hannaher

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Seamstress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md,

Duration of Residence in the City of Baltimore, From Boys Birth

Place of Death, {Give street and Number.} No 2 Barre St

Cause of Death, First, (Primary,) Typhoid Malarial Fever

Second, (Immediate,) Typhoid Pneumonia,

Duration of Last Sickness, 5 days.

All the above Information should be furnished by the Physician.

Place of Burial Baltimore County.

Date of Burial. April 21st 1885

Jno Connell M. D.
Medical Attendant.

Undertaker, F. N. Toole

Place of Business, 131 Hanover St. *Address,* 162 S Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83140 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 20 1885 BALTIMORE MD

Date of Death, April 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anselm Kirchner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 36 *Years,* 11 *Months,* 1 *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give Street and Number.} 99 N. ~~Eutaw~~ Fremont St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asphyxia

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, April 21 85

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

Wm Gamble M. D.
Medical Attendant.

Address, 170 Shark St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83121

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 9th 1893

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Thiel

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 19 S Howard St

Cause of Death, First, (Primary,) Run over with Car of B C P R Co

Second, (Immediate,) Fracture of Spine & Ribs and Internal Hem

Duration of last Sickness, Few Minutes

All the above information should be furnished by the Physician.

Place of Burial, St Johns Cemetery

Date of Burial, April 11 1893

Undertaker, A Clark & Co

Place of Business, 214 S Howard St

E Hall Rueter M. D.
Medical Attendant.

Address 10 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83122 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 20 1885
BALTIMORE, MD.

Date of Death, April 20/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia

Sex, ~~*Male*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Diarrhea.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 21/85.

Undertaker, Dr. Derick.

Place of Business, Division & Townsend. *Address,* Harlem ave & Calhoun

R. McSherry Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83123 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 20 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 19/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* / *Months,* ——— *Days*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincents Infant asylum.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 21/85

Undertaker, Jos. Reinke

Place of Business, Sisson & Townsend *Address,* Harlem av. & Calhoun

R. H. Goldsmith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 83124 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE MD.

Date of Death, April 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Cochran

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give street and Number.} 321 Madison Ave

Cause of Death, First, (Primary,) Obstruction of Bowels - located
Second, (Immediate,) not known ditto

Duration of Last Sickness, Six days.

All the above information should be furnished by the Physician.

Place of Burial Balt. Cemetery

Date of Burial, April 21st

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St *Address,* 317 Madison Ave

Chas Carey Thomas M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83125 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter A Peterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 1 *Months.* 27 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 132 Hare St

Cause of Death,
First (Primary), Debility —
Second (Immediate),

Duration of Last Sickness, THIS CHILD HAD EXTROPHY OF THE BLADDER.

All the above information should be furnished by the Physician.

Place of Burial, Mt Pleasant Cemetery

Date of Burial, April 21st 85

Undertaker, John C Schuh

Place of Business, 265 Aliceanna Address, 2 N Broadway

D W Pattison M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

12

Board of Health, City of Baltimore,

Permit No. 83126

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said decedent, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl. 19/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Maynard

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, ~~—~~ *Years,* 14 *Months,* ~~—~~ *Days.*

Color, Mulatto

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number} 15 Oxford St.

Cause of Death, First, (Primary.) ~~—~~

Second, (Immediate.) Continued Fever

Duration of last Sickness, Thirty days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 21st 1885

Wm D Rodney M. D.
Medical Attendant.

Undertaker, H. A. Bio of Jr

Place of Business, 97 Druid Hill Address, 195 N. Fremont St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82127 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 21 1885

Date of Death, April 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Schmuck

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 20 mos.

Place of Death, {Give street and number.} 206 William St

Cause of death, First, (Primary,) Measles

Second, (Immediate,) Convulsions

Duration of Last Sickness, 3 hours

All the above information should be furnished by the Physician.

Place of Burial, Ft Allegany

Date of Burial, April 21

Undertaker, B. Hall

Place of Business, 42 West

L. B. Pacette M. D.,
Medical Attendant.

Address, 66 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83128

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 18th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry Johnson,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 3 8 *Years,* — *Months,* — *Days.*

Color, Black *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line} Married

Occupation, Cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Essex Co., Virginia

Duration of Residence in the City of Baltimore, 16 Months

Place of Death, {Give street and number.} Madeira Alley bet. Monument & Pleasant

Cause of Death, First (Primary,) Catarrhal Pneumonia

Second (Immediate,) 1 week,

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, April 21st 1885

Undertaker, Thos. J. Locke

Place of Business, 73 Jefferson St

Chas. B. Leglert M. D.
Medical Attendant.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83129 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Ellsperm

Sex, Male or Female, {Cross out the word not required in this line.} f

Age, 3 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 411 S. Bethel St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 24 days.

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, April 22d 1885

Undertaker, Thos J Locke

Place of Business, 73 Patterson Av

P J Gilcrease M. D.
Medical Attendant.

Address, 123 Gilcrease

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 53130 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HURST PHARMACY
APR 21 1885
BALTIMORE MD.

6

CERTIFICATE OF DEATH.

Date of Death, April 20 "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schoeman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 56 *Years,* — *Months,* — *Days*

Color, Wht. —

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 53 Eutaw St.

Cause of Death, First (Primary), Cardiac Dilitation caused by Insufficiency of Mitral valves.

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cemtery

Date of Burial, April 23. 1885

Undertaker, Wm. J. Scheaffer

Place of Business, 105 S. Front St *Address,* Coroner Cent. Dist.

Alexander Hill, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 82131 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, April 19, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Atkins

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 22 *Years,* ——— *Months,* ——— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Cook

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Richmond Co Va

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give street and Number.} 101 Raborg St

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Peritonitis

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Richmond Va

Date of Burial, April 22/85

Undertaker, W. J. Gray

Place of Business, ———

Jas. Giles M. D., Medical Attendant.

Address, 180 N Bridle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Transit — 2678

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83132 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give name of parents.} Charles Gonnach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1 Year

Place of Death, {Give Street and Number.} 1612 Eastern Ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, April 21st 1885

Undertaker, Fred Gaede

Place of Business, 29 E. Baroline St. *Address,* 218 Broadway

H. Latrobe M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 1110

Permit No. 82123

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in n last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE MD.

H

CERTIFICATE OF DEATH.

Date of Death, 20 Apr 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances Stewart

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* X *Months,* X *Days.*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——— X

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} X

Duration of Residence in the City of Baltimore, X

Place of Death, {Give street and number.} Woman & Childs Hospital 120 N. Eutaw St

Cause of Death, First (Primary,) Tuberculosis

Second (Immediate,) —

Duration of Last Sickness, About 6 Mos.

All the above information should be furnished by the Physician.

Place of Burial, Western Pub Cemetery

Date of Burial, April 21/85

Undertaker, F. A Merchant

Place of Business, Sulph

Rich Henry Thomas M.D.
Medical Attendant.

Address 207 N Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83134 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 21 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Bishop

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months.* *Days*

Color, Blk

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md.

Duration of Residence in the City of Baltimore, 1 Yr & 10 Months

Place of Death, {Give Street and Number.} 15 Bethel St.

Cause of Death, First (Primary), Congestion of the Brain

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, April 4th 21 1885

Undertaker, W. Blakemore Jr.

Place of Business, 263 E. Lombard St.

S. W. Hofman M. D.
Medical Attendant.

Address, 346 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8315 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth A. Graff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 57 *Years,* *Months.* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore. During life time

Place of Death, {Give Street and Number.} 88 S. Ann St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 23" 1885

Undertaker, Denny & Mitchell

Place of Business, 650 S Broadway *Address,* 650 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 82136 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Mary Moore

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Nurse at Home of the Friendless

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, At least 15 years

Place of Death, {Give street and Number.} Home of the Friendless, Druid Hill Avenue and Townsend Streets

Cause of Death,
First (Primary), Croupous Pneumonia Left Lung
Second (Immediate), " " " "

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 21st 1885

A K Bond, M. D.
Medical Attendant.

Undertaker Wm Ottaway

Place of Business, No 202 N. Eutaw St *Address,* 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Underta or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8527 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John F. Lahorn.

Sex, Male or ~~Female~~ { Cross out the word not required in this line. } Male.

Age, 33 *Years,* 2 *Months,* *Days,*

Color, White.

Married, ~~Single~~, ~~Widow or Widower~~ { Cross out the word not required in this line. } Married.

Occupation, Mechanic.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Thirty three years.

Place of Death, { Give street and Number. } 170 Front St.

Cause of Death, First, (Primary,) Typho-Malarial

Second, (Immediate,) Anaemia.

Duration of Last Sickness, Three weeks.

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, April 22/1885

Undertaker, Chantry Chase

Place of Business, 261 Light

William E. Hiegins (M. D.,
Medical Attendant.

Address, 343 Lemmon St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82138 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in their last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helena Lipk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* One (1) *Months,* Twenty Hours (03) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 98 E Hoffman Street

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate),

Duration of Last Sickness, One (1) hour

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, April 22nd 1885

Undertaker, Henry Hook

Place of Business, 369 N Eutaw St

Geo W Snook M. D. Medical Attendant.

Address, 98 E Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on page of this Certificate.

Board of Health, City of Baltimore.

Permit No. 83139 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT
APR 21 1885
BALTIMORE, MD.

Date of Death, April 19th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Elbree

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, ——— *Years,* 7 *Months,* — *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Child

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, 7

Place of Death, { Give street and Number. } 92 Thames St

Cause of Death, First (Primary).

Second (Immediate). Pulmonary Catarrh

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 21st 1885

Undertaker H. Sander & Son

Place of Business, 252 Canton Ave Address, 88 E Balto St

A Trapp Thorfer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last ·kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertal , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 16

Permit No. 13140

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 21 1885

CERTIFICATE OF DEATH.

Date of Death, April 20th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Bridget Mullen

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 70 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the words not required in this line. } Widow

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, { Give Street and Number. } 90 Ramsey St

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 23 1885

Undertaker, Matthew Cadogan

Place of Business, 224 Mulberry St

Geo. J. Bell M. D.

~~Medical Attendant~~

Address, 151 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 3141 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas B. A. Mearn

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 6 *Years,* 8 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} W. Va

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, {Give Street and Number.} 6 Bayard st

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), 2 Months

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, April 22

Undertaker, B. Hurle

Place of Business, 62 West 11

P. C. L22 M. D.
Medical Attendant.

Address, Hanover near Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83742 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theodore Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days*

Color, (Colored)

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 64 Orchard

Cause of Death, First (Primary), Acute Bronchial Catarrh

Second (Immediate), Convulsions -

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 22 1885

Undertaker, A. Ly Hemsley

Place of Business, 116 Orchard 22 *Address,*

I. Rieter M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 23143 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE MD.

Date of Death, April 21 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Brandt

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 379 Druid Hill Ave

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate), Pulmonary Edema

Duration of Last Sickness, About 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 23rd April 85

E. Lee O'Donovan M. D.
Medical Attendant.

Undertaker, Hollenbeck & Co

Place of Business, Cor Saratoga *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83144 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1885

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ashmun Pomeroy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S C

Duration of Residence in the City of Baltimore, Was Resident

Place of Death, {Give Street and Number.} 1111 Eutaw

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt

Date of Burial, April 23rd 1885

Undertaker, John A Hyde M. D. Medical Attendant.

Place of Business, 298 Penn Ave *Address,* 180 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Transit — 3682

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8145 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE MD

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Edw Childs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 50 S Gilmor pr

Cause of Death, First (Primary), Congestive Chills

Second (Immediate),

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 23d 1885.

Undertaker, [redacted] Lemmon

Place of Business, [redacted] *Address,* 319 Hollins

James Bixby M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

83146

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83146 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, April 20, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hallen L Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 413 East Eager

Cause of Death, First (Primary), Pertussis Pneumonitis

Second (Immediate), Convulsions

Duration of Last Sickness, three weeks

All the above information should be furnished by the Physician.

Place of Burial, Bolle cemetery

Date of Burial, April 22 1885

Undertaker, John W Jackson

Place of Business, Gay & Gardner Address, 3 W Fayette

W B White, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 82147 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 21, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbary Fifer

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months.* — *Days*

Color, white

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 56 S. Calhoun St.

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, April 23/1885

Undertaker, J. H. Rees

Place of Business, 158 W. Pratt St

Wm A. Jones M. D.
Coroner ~~Medical Attendant.~~

Address, 326 Hollins St City

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83148 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Health Certificate.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Teresa May. Francis & Teresa

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, —— *Years,* 4 *Months.* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Cor. Howard & Lombard St

Cause of Death, First (Primary), Natural

Second (Immediate), Convulsions

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, April 23/85

Undertaker, F. H. Holt

Jas. K. Riley M. D. Medical Attendant.

Place of Business, Hanover St *Address,* 195 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83149 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Cole

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 76 *Years,* — *Months.* — *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years.

Place of Death, {Give Street and Number.} 135 S. Green st

Cause of Death, First (Primary), Old Age

Second (Immediate), Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, April 22nd 885

Undertaker, Walter Immel.

Place of Business, 315 W. Biddle St.

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83150 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 2nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. K. Graham.

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, Years, 41 Months, 18 Days,

Color, White.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, all his life.

Place of Death, {Give street and Number.} 276. Lexington St,

Cause of Death, First (Primary). Marasmus.

Second (Immediate). Exhaustion.

Duration of Last Sickness. Two Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial, April 4th 1885

Undertaker Jas. F. Byrne

Place of Business, 5 N. Liberty St

Wm. L. K. Frazer M. D.
Medical Attendant.

Address, 243. Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of ... is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8351 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 22 1935 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Hardy.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months.* ——— *Days*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Unknown

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, April 21/1885

Undertaker, Fust & Kershner

Place of Business, 129 Wilkington Ave

P. B. Warfield M. D.
Medical Attendant.

Address, Asst Resd. Phys. Univ. Hosp.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8312 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Ratajchak

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 2 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto U.S.

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 148 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Catarhal Pneumonia

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cemetery

Date of Burial, April 23 1885

Undertaker, F. Crouch & Co

Place of Business, 215 S. Eutaw St.

E. J. Williams M. D.
Medical Attendant.

Address, 53 Elliott St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83153 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Bachrach

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 30 years

Place of Death, {Give Street and Number.} 186 Paul St

Cause of Death, First (Primary), ...

Second (Immediate), Organic Diseased Heart

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Dell Point Pt Cemetery

Date of Burial, April 23 J. Mullet M. D.

Medical Attendant.

Undertaker, Jacob Ahrens

Place of Business, 28 N Wash *Address,* 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83154 Office of Registrar of Vital Statistics. Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

13

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John O. Kelly

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 4 *Months,* 11 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Charge of Billiard Room, Carrollton Hotel

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give street and Number.} 63 N High St

Cause of Death, First (Primary),

Second (Immediate) Jaundice

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, April 23d 1885

Undertaker James S Byrne

Place of Business, 163 N Front St

A Hesselbrock M. D.
Medical Attendant.

Address, 88 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83155

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE. 3.00

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Infant Agular

Sex, Male or Female, { cross out the word not required in this line. } Female

Age, ____ *Years,* ____ *Months,* ____ 2 *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, ____

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } ____

Duration of Residence in the City of Baltimore, ____

Place of Death, { Give street and number } 238 E Pratt St

Cause of Death, { First, (Primary,) ____ Second, (Immediate,) } Premature Birth 2 days

Duration of last Sickness, ____

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew Blair Rd

Date of Burial, 24

Undertaker, W Ericsson

Place of Business, Gay & St

A W Adam M. D.
Medical Attendant.

Address, ____

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 5315 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
APR 22 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 26th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Louisa

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days,*

Color W

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co, Md 3 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 10 in alley back of Wilson St running between Bector & Division sts

Cause of Death. First (Primary), abortion -

Second (Immediate), Septicaemia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1885

Undertaker Wm M. Dungan

Place of Business, No 62 East St

R. Winslow *M. D.*
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8317 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Rankin

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 1 *Months.* 5 *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 13 Mechanics Court

Cause of Death, First (Primary), Vicissitudes of temperature wet house

Second (Immediate), Consumption

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Ap 22 1885

Undertaker, Wm N. Dungan

Place of Business, No 62 East Pratt

E C Baldwin M. D.
Medical Attendant.

Address, 124 n Eutaw st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83158 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1883 BALTIMORE MD.

Date of Death, April 20 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John T. Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* — *Months,* — *Days*

Color, mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 27 yrs.

Place of Death, {Give Street and Number.} 4 Salebury Ct

Cause of Death, First (Primary), Senile Gangrene

Second (Immediate), Asthma

Duration of Last Sickness, Six weeks (about)

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 22 - 1883

Undertaker, Wm H. Dorsey

Place of Business, No 42 East St

H. Steele M. D.
Medical Attendant.

Address, 143 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8219 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21 — 1885

Full Name of Deceased, {Write legibly and spelt correctly. If an Infant not named, give names of parents.} James T. Gray

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, 4 Days

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 61 Duncan Alley

Cause of Death, First (Primary), Spina-Bifida

Second (Immediate), Asphixia

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Asbury Co County

Date of Burial, Apl 22 — 1885

Undertaker, Wm A. Dwyer

Place of Business, 42 East Lt *Address,* 284 N Broadway

G. T. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83160

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83160 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 22 1885

CERTIFICATE OF DEATH.

Date of Death, April 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. M. Simpson,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* 5 *Months,* *Days.*

Color, White.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 270 Cherry St.

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), Exhaustion

Duration of Last Sickness, 18 Months?

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 24th

Undertaker George Schilling

Place of Business, Pikland Depot

J. W. Chambers M. D.
Medical Attendant.

Address, 183 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83161 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 22 1885 BALTIMORE MD.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Brady

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 ~~Mos~~ *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always.

Place of Death, {Give Street and Number.} 170 E Chase

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 8 or 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 24th

Undertaker, W. C. Windfield

Place of Business, 90 Greenmount Ave

Jno. L. Booker M. D.
Medical Attendant.

Address, 157 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83162 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 22 1885 BALTIMORE MD.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Fallon

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Mom

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} Moor 04 Forest St

Cause of Death, First (Primary), old age

Second (Immediate), Paralysis

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, St Mary's, Govanstown

Date of Burial, April 25th

Undertaker, H. C. Widefield

Place of Business, 90 Greenmount Ave

Chas O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 1885

Permit No. 83163

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH
APR 22 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jos. W. Rockfost

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 53 E Albemarle St.

Cause of Death First, (Primary.)

Second, (Immediate,) Meningitis

Duration of last Sickness, Three weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 22nd 1885 Chas A. F. Ensch M. D.
Medical Attendant.

Undertaker, Jas O'Byrne

Place of Business, 63 Fremont *Address,* 95 East Lee St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83164 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY OFFICE APR 23 1885 MD

a

CERTIFICATE OF DEATH.

Date of Death, 22d April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J. Mourne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 10 hours Days

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 205. Hamburg St.

Cause of Death, First (Primary), Premature delivery of Six months

Second (Immediate), Exhaustion

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24 1885

Undertaker, Hercules Ross

Place of Business, 95 Low West St

L. D. Lyles M. D.
Medical Attendant.

Address, 146. Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83165 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, April 22

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Connor

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} County Arma Irlande

Duration of Residence in the City of Baltimore. i Dont Knowe

Place of Death, {Give Street and Number.} Inst. of the Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), old age

Duration of Last Sickness, 4 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cimetery

Date of Burial, 24 April

Undertaker, M'Bloodeamps.

Place of Business,

F. A. Warner M. D.
Medical Attendant.

Address, 93 Valley St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83166 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Strodtmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 240 Hamburg St

Cause of Death, First (Primary), Whooping-Cough

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, April 24th 1885

Undertaker, Julius Koehler

Place of Business, Sharpe & Brass *Address,* 44 Hanover St

Edward Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83167 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Sylvester

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 about *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va - N.

Duration of Residence in the City of Baltimore, about 16 years

Place of Death, {Give Street and Number.} 45 Aliceanda

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, about 9 months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24th 1885

Undertaker, Fred Laede

Place of Business, 29 E. Baroline

Geo. R. Reynolds M. D.
Medical Attendant.

Address, 71 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83168 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, April 23rd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Barber

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 68 *Years,* — *Months,* — *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} Fred'k. ave 107

Cause of Death, First (Primary), died Suddenly ?

Second (Immediate), heart disease

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24

Undertaker, John P Paulus

Place of Business, 66 Fred Ave

Wm A Jones M.D.

~~*Medical Attendant,*~~ Coroner

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83169 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 23 1885

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Hyde

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 89 *Years,* *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 32 yrs

Place of Death, {Give Street and Number.} 22 Monument St Balto Md.

Cause of Death, First (Primary), Obstipation

Second (Immediate), Old age & exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, April 23rd 1885

Undertaker, Wm H Hickman

Place of Business, 234 N Gay St

I E Clagett M. D.
Medical Attendant.

Address, 36 S Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83170 *Office of Registrar of Vital Statistics.* Ward 20½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm G. Cord

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months.* ..... *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cutter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 Edmondson Ave

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, April 24th/85

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St

J. Miller M. D.
Medical Attendant.

Address, 188 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8317 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 22 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Whaltle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 61 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baden Germany

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give Street and Number.} 151. Battery ave

Cause of Death, First (Primary), Fibroid Consumption

Second (Immediate), Softening of Brain & Paralysis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Barry Road

Date of Burial, August 24

Undertaker, B. Hall

Place of Business, 42 West St

Edw F. Michelsen M. D.
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to Use of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83172 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

Date of Death, April 21st. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Devicks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* 7 *Months,* 26 *Days*

Color, Colored

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md.

Duration of Residence in the City of Baltimore, About 30 years.

Place of Death, {Give Street and Number.} 59 Orchard St.

Cause of Death, First (Primary), Ovary Liver

Second (Immediate), Asthania

Duration of Last Sickness, About 8 or 9 months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Zion Cemetery

Date of Burial, April 24 85

Undertaker Alf Hemsley

Place of Business, 116 Orchard St

Eldridge C. Price, M. D.
Medical Attendant.

Residence, 262 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83173 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 23 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Jane Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 40 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House worker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 137 North Chapel St

Cause of Death, First (Primary), Rheumatism & Debility

Second (Immediate),

Duration of Last Sickness, about five weeks

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, April 23rd 1885

Undertaker, Fred J. Tocke

Place of Business, 23 N Howard St *Address,* 213 Lindsay

Dr C Attree M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83174 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker, or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 23 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23d, 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henrietta Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Thirty three years

Place of Death, {Give Street and Number.} # 417 Alice Anna St.

Cause of Death, First (Primary), Pneumonia (Acute)

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Greenly Cemetery

Date of Burial, April 24th '95

Undertaker, John C Schenk

Place of Business, 263 Aliceanna St

John H. Rehlenge M. D.
Medical Attendant.

Address, 248 Alice Anna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83175 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Kotalich

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 8 *Months,* 7 *Days*

Color, Colich

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 11 Barnes St

Cause of Death, First (Primary),

Second (Immediate), Eclampsia

Duration of Last Sickness, Two (2) days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, April 24 1885

S. O. Selover M. D.
Medical Attendant.

Undertaker, John Koenig

Place of Business, 882 Orleans St Address, Cor Eager & Patterson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83176 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barry Wetzler

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 10 *Years,* 6 *Months,* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 407 N. Gilmor St

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate),

Duration of Last Sickness, Do not know: called in 3 days before death

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr 24/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto *Address,* 97 N. Charles St

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83177 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 28 1885 BALTIMORE, MD.

Date of Death, April 22, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L. Evans

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* 6 *Months,* 5 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 296 Ramsay

Cause of Death, First (Primary), Cerebral Meningitis

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr 24/85

Undertaker, J. B. Cook

Place of Business, 707 E Balto *Address,* 319 Aisquith

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83178 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1881 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22 1881

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Hartman

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 73 *Years,* *Months.* *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 116 Hollins St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Can't Say

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, Apr. 24/81

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 584 W Fayette St.

L. G. Shulteis M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83179

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83179 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, April 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia Elizabeth Zulauf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md; Life time.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} X 264 S. Bond St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 9 months

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Lane.

Date of Burial, April 23. 1885

Undertaker, L. Bendy & Son

Place of Business, 282 Canton Avenue

John H. Rehberger M. D.
Medical Attendant.

Address, 243 Aberdeen

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83180 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

Date of Death, April 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Kinsel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 2 Months, 4 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 209 Alice Anna St.

Cause of Death, First (Primary), Infantile Convulsions

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Evangelic Cem.

Date of Burial, April 26. 1885

Undertaker, H. Sander & Son

Place of Business, 252 Aisquith Ave

R. W. Mansfield M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83181 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lodia W. Dutton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation Seafarer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 6 Month

Place of Death, {Give street and Number.} 30 Montrose Ct.

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate),

Duration of Last Sickness, 12 Months

the above information should be furnished by the Physician.

Place of Burial, Mt Olive Co

Date of Burial, April 24/85

Undertaker Chas Keyser & Son

Place of Business, 263 Light *Address,*

Jas I Bruce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3684 Hamil [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83184 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 23 1885 BALTIMORE, MD.

A or B or C.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Connault

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Single~~ Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give Street and Number.} Orleans Street

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, Apr 25th 85

Undertaker, D. McGinnis

Place of Business, 18 Central Ave

James E. Shaw M. D.
Medical Attendant.

Address, 417 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83183 *Office of Registrar of Vital Statistics.* Ward 20"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Buchheimer

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 20 *Years,* 9 *Months,* 20 *Days,* 11

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 ~~Latrobe~~ av Gorke St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) apnea

Duration of Last Sickness, over 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26th 1885.

Undertaker, Walter Immel.

Place of Business, 316 W. Biddle St

C. Winslow M. D.,
Medical Attendant.

Address, 23 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83184 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~29~~ April 22. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Worley

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.} F

Age, 18 *Years,* 10 *Months,* *Days*

Color,

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 134 Jefferson St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, April 24 1885

Edward Cotter M. D.
Medical Attendant.

Undertaker, John Lupe

Place of Business, 201 Balt St. *Address,* 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83785 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Ritter

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 1 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 63 Durkin

Cause of Death,
First (Primary), Diphtheria
Second (Immediate), Convulsions

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 24/85

Undertaker, H. Tuckner

Place of Business, 65 S. Eutaw Address, 23 E. Ar

W. H. Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83186 *Office of Registrar of Vital Statistics.* **Ward** 13 11/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

74

HEALTH DEPARTMENT, APR 24 1886 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 23rd 86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Ehud Eham

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Supposed Lily Bulb.

Second (Immediate), Asthenia

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 24th

Undertaker, Adam Fink

Place of Business, 1101 N. Chas St

R. B. Warfield M.D.
Medical Attendant.

Address, Asst Resd. Phys. U.H.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83187

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Nellie May Howell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4. 5 *Years,* 10 *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 442 N. Caren

Cause of Death, First (Primary,) Diphtheria

Second (Immediate.)

Duration of Last Sickness, 6 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 24/85

C. H. Brown. M. D.
Medical Attendant.

Undertaker, Chas. T. Brown

Place of Business, 271 N. Eutaw *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83188 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Hartan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 82 *Years,* 5 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about thirty four years

Place of Death, {Give Street and Number.} No. 140 North Bond St

Cause of Death, First (Primary), Old age

Second (Immediate), extreme exhaustion

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, April 24 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 138 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83189 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Moylan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ~~

Place of Death, {Give Street and Number.} 392 N. Gay St.

Cause of Death, First (Primary), Syphilis

Second (Immediate), Diarrhea & Convulsions

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 24th 85

Undertaker, G. Frank

Place of Business, Frank & Wolfe St. *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 63190 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Stumpf

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 169 S Madeira Alley

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, St. A Thomas

Date of Burial, April 25th 1885

Undertaker, Germanus Franke

Place of Business, Bank & Wolfe *Address,*

Thomas Stems M. D.
Medical Attendant
Camp Nr DC

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Sam A Clagett
Dispatcher

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8319 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Leroux

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 81 *Years,* 5 *Months,* 9 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chestertown Maryland

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 418 S. Sharp Street

Cause of Death, First (Primary), Dysentery

Second (Immediate), Ala agia Exhaustion from Dysentery

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Loch Raven

Date of Burial, April 24/1885

Undertaker, Chas. Allen

Place of Business, 760 Z. Pratt

J. K. Riley M. D.
Medical Attendant.

Address, 195 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

No. 8192

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83192 — *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE MD.

Date of Death, April 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fanny E. Tenckhoff

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 523 Franklin st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Seven or nine months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, April 25/85

Undertaker, Denny & Mitchell

Place of Business. 330 N. Fayette

J. Harvey Hill M. D.
Medical Attendant.

Address, Calhoun & Edmondson

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83193 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Prince

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 97 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 93 N. Gay St

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loyal St Cemetery

Date of Burial, April 25

Undertaker, Jacob Threet

Place of Business, 28 N. High *Address,*

W. S. Nelson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

OVER.

No. 8317

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8317 — *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 22 April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Linnemann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 47 *Years,* — *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 27 years in U S

Duration of Residence in the City of Baltimore, 27 years

Place of Death, {Give Street and Number.} 61 Hanover St

Cause of Death, First (Primary), Consumption

Second (Immediate), Hemorrhage of Lungs

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 26 April 1885

Undertaker, F. N. Ball

Place of Business, 131 Hanover, *Address,* 205 W Lombard St

A. J. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83195 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Plisia A. Trout

Sex, Male or Female, {Cross out the word not required in this line.} (Plisia)

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carrol County Md

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 246 west Fayette

Cause of Death, First (Primary), Organic disease of Heart

Second (Immediate), Pulmonary Congestion

Duration of Last Sickness, 18 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, April 25th

Undertaker J. N. Towle

Place of Business, 131 Hanover *Address,* 279 West Fayette

S. P. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83196 *Office of Registrar of Vital Statistics.* **Ward** 15/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 22nd '85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Mooney Mahony

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Co. Limerick Ireland

Duration of Residence in the City of Baltimore, 37 yrs

Place of Death, {Give Street and Number.} 105 Elliott n. Canton

Cause of Death,
First (Primary), Has been suffering for the past
two years from disease of the heart
Second (Immediate), Dropsy and dilatation of the Heart

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, April 25th 85

Undertaker, Wm. A. Baker

Place of Business, 174 S. Broadway

John F. Thomas M. D.
Medical Attendant.

Address, 612 Caton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83197 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Burke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nursing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years.

Place of Death, {Give Street and Number.} 56 Hillman St

Cause of Death, First (Primary), Ulcer of right pectoral 20 yrs

Second (Immediate), Cancer of Liver.

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's Govanstown

Date of Burial, April 24th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Edward L. Waldrick M. D.
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83198 ; *Office of Registrar of Vital Statistics.* Ward 10 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen i. Deshields

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days,*

Color, White

~~Married, Single~~, *Widow or* ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 318 Franklin

Cause of Death, First (Primary), Cerebral Softening

Second (Immediate) Apoplexia

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 25th

Undertaker Geo Schilling

Place of Business, Ashland & Lyman

Tho. E. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83199 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 22 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Maas

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 41 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty eight years

Place of Death, {Give Street and Number.} 37 Low St

Cause of Death, First (Primary), Heart trouble

Second (Immediate), Dropsy

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, April 25 1885

Undertaker, Henry Hoerle

Place of Business, 309 W Pratt *Address,* Broadway & McElderry

Milton A Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83200 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 22, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Knauer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Hack Driver,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Rear 159 No Gay St.

Cause of Death, First (Primary), Endocarditis & Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem

Date of Burial, April 25 1885

Undertaker, Henry Rock

Place of Business, 359 W Pratt St *Address,* 28 W Fayette Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8320 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 27 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 23, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles L. Hallman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* 2 *Months,* 23 *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} Single

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, thirty four years

Place of Death, {Give Street and Number.} 241 N. Broad St.

Cause of Death, First (Primary), Hurt in right side

Second (Immediate), Debility

Duration of Last Sickness, About Eleven months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26 1885

W. W. White, M. D.
Medical Attendant.

Undertaker, Henry Hoecke

Place of Business, 309 N. Eutaw St. *Address,* 369 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83202 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1885

CERTIFICATE OF DEATH.

Date of Death, April 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georga Hruk

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months.* Four (4) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} √

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give Street and Number.} 734 N Dallas St

Cause of Death, First (Primary), Premature birth 7th month

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N Calvary

Date of Burial, April 26 1885

Undertaker, Henry Hoeck

Place of Business, 309 N Central Ave

H Tolver M. D.
Medical Attendant.

Address, 1 E Eager St Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 10"

Permit No. 83203

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 24 1885
BALTIMORE-MD.

CERTIFICATE OF DEATH.

Date of Death, April 23-2

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Benjamin Means.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 27 *Years.* *Months.* *Days.*

Color, Colored *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Harford Co Maryland

Duration of Residence in the City of Baltimore, 8 years.

Place of Death, {Give street and number.} 77 Arch Street

Cause of Death, {First (Primary,) Typhoid Pneumonia
Second (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudel Cemetery

Date of Burial, April 24" 1885

Frank W Gemmer M. D.
Medical Attendant.

Undertaker, Wm J Gordy

Place of Business, 65 [illegible]

Address 187 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83204 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

Date of Death, April 23. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bartels

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 31 Ivy City Ch

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 or 4 years

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, April 25/85

Undertaker, B Hale

Place of Business, 82 West St

Thomas Corte M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83205 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1885

CERTIFICATE OF DEATH.

Date of Death, April 23. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Weltshooser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years.* *Months.* *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore. During life

Place of Death, {Give Street and Number.} 22 Cumberland St

Cause of Death, First (Primary), Apoplexy.

Second (Immediate), Exhaustion.

Duration of Last Sickness, about 2 hours.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 25/85

Undertaker, J. E. Hough & Co

Place of Business, 248 Penn ave *Address,*

T. Rickert *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83206

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83206 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, April 23/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Anna M. Hark

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, in 67th *Years* *Months,* *Days,*

Color. ~~White~~

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and Number.} 20 S. Fulton St

Cause of Death, First (Primary). Cystitis - (femur)

Second (Immediate). Asthenia

Duration of Last Sickness, (In bed) 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, Apl 25th 1885

Undertaker Denny and Mitchell

Place of Business, 550 W Fayette

C. C. McDowell M. D.
Medical Attendant.

Address, 338 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8320 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 24 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 20 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louesa Johnston

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 56 Years, —— Months. —— Days

Color, Cold

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 56 Year

Place of Death, {Give Street and Number.} 54 Mc Elderry St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 24th 1885

Undertaker, Wm M. Dunn

Place of Business, 1102 East St

C O'Mahon M. D.
Medical Attendant.

Address, Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83208 *Office of Registrar of Vital Statistics.* **Ward** 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD 1885

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1240pm 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Lewis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 10 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Sea Captain

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New Jersey

Duration of Residence in the City of Baltimore, Only here for treatment

Place of Death, {Give street and Number.} 102 Harlem Ave

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Pulmonary Hemorrhage = Dropsy

Duration of Last Sickness, Seven weeks under treatment

All the above information should be furnished by the Physician.

Place of Burial, New Jersey

Date of Burial, April 25th 1885

Undertaker D'Emry & Mitchell

Place of Business, 650 W Fayette St

Abraptshentzer M. D.
Medical Attendant.

Address 88 E. Balti St
Prof F L Ives, Consulting Physician

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3686 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83209

Office of Registrar of Vital Statistics. 204

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

BALTIMORE CITY HEALTH DEPARTMENT, APR 24 1885

CERTIFICATE OF DEATH.

Date of Death, April 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia C. Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number.} No 1515 N. Gilmor St

Cause of Death, First, (Primary.)

Second, (Immediate.) Tabes Mesenterica

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, All Saints. Calvert Co Md

Date of Burial, April 25th 1885

Undertaker, Henry V Mitchell

Place of Business, 530 W Fayette St

Thos. F. Owens M.D.,
Medical Attendant.

Address, Nos. 7. N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3685 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8320 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick H. Riordan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, School Teacher ~~Retired~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 27 S. Fulton

Cause of Death, First (Primary), Old age

Second (Immediate), Paralysis of Brain

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 25th 1885

Undertaker, Joseph F Byrne

Place of Business, 52 N. Eutaw St

W. R. McClane M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 83211

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83211 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Fitzpatrick

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 79 *Years,* ..... *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} Park Av. 4th door N of Dolphin

Cause of Death, First, (Primary,) Shock from fracture of femur

Second, (Immediate,) .....

Duration of Last Sickness, 3 or 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys, Govanstown

Date of Burial, April 25th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmount Ave

C W D Booker M. D.,
Medical Attendant.

Address, 157 Park Av,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83212 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude -

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum -

Cause of Death, First (Primary), Inanition -

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial, April 25/85

Undertaker, Jos. Merrick.

Place of Business, Sisson & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83213 *Office of Registrar of Vital Statistics.* **Ward** 12 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lucy.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 2 *Months.* —— *Days*

Color, White.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltro.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, April 25/85.

Undertaker, Jos. Derrick

Place of Business, Division & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8321 Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 25 1885, BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Elizabeth Waters

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 53 *Years,* 4 *Months,* 8 *Days,*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 240 W. Saratoga

Cause of Death, First (Primary), Tuberculas Phthisis

Second (Immediate), Exhaustion

Duration of Last Sickness, Confined to bed since Jan 85

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, Apr. 26/85

Undertaker J. B. Lerch

Place of Business, 707 W. Balt

Henry Chandlee M. D.
Medical Attendant.

Address, 181 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83415 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 23

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maria Dennis

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 89 Gend

Cause of Death, First (Primary), Heart disease

Second (Immediate), ...

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr. 25/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balt *Address,* 207 Mad Ave

J. T. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks ... List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83216 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Dundon

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 65 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 20 South St

Cause of Death, First (Primary), Fatty degeneration of the Heart

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, Apr 27/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Chas F. Michaelis M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83217 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *correctly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. APR 25 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 23d 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Darby

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* 5 *Months,* ..... *Days.*

Color, Brown Wid

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.} Widow

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Easton Talbot Co

Duration of Residence in the City of Baltimore, Forty (40) Years

Place of Death. {Give street and Number.} 32 Thurston

Cause of Death, First (Primary), Old age - General Debility

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 & 4 months

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery

Date of Burial, April 25th 85

Undertaker Alf Hensley

Place of Business, 116 Orchard St

Whitefield Winsey M. D.
Medical Attendant.

Address, 116 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 8 3 2 1 8

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83218 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva A Stewart

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* 6 *Days*

Color, Col

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 72 Wilmer alley

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 7 mo

All the above information should be furnished by the Physician.

Place of Burial, Evergreen Cemetery

Date of Burial, April 26 1885

Undertaker, A & H Hennebry

Place of Business, Woodland Ave *Address,* 219 Madison ave.

G Lane Tanneyhill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83219 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED APR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank. Brown.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* — *Months,* *Days*

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St. Joseph's Hospital.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate),

Duration of Last Sickness, six days.

All the above information should be furnished by the Physician.

Place of Burial, Ea. Public Cemet

Date of Burial, April 25th/85

Undertaker, Geo. Rinehart

Place of Business, Forrest Place

John R. Flanigan M. D.
Medical Attendant.

Address, St. Joseph's Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83220 *Office of Registrar of Vital Statistics.* Ward 7 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH. 74

Date of Death, April 23rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James. Mulvey.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Massachusetts.

Duration of Residence in the City of Baltimore. .....

Place of Death, {Give Street and Number.} St. Josephs Hospital

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Apnoea.

Duration of Last Sickness, 4 1/2 mo.

All the above information should be furnished by the Physician.

Place of Burial, E. Balt Cemetery

Date of Burial, April 25th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* St Josephs Hospital

John R. Flanigan M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

8 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83221

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maria Reuther

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Female

Age, 74 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany. 43 years

Duration of Residence in the City of Baltimore, 43 years

Place of Death, {Give street and number.} #12 Thirteenth St.

Cause of Death, {First (Primary,) Chronic Diarrhoea
Second (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore city sanitary

Date of Burial, 27 of april

Richd Scott Smith M. D.
Medical Attendant.

Undertaker, H. Hecht

Place of Business, N. Centre ave *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83244 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 25 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie L. Stafford

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore. 35 Years

Place of Death, {Give Street and Number.} 172 Harlem Ave

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 26th 1885

Undertaker, Walter Immel.

Place of Business, 315 W. Biddle St.

Edward Cook M. D.
Medical Attendant.

Address, 646 Harlem Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Ce...

Board of Health, City of Baltimore.

Permit No. 83223 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the present filing of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Wall

~~*Sex,*~~ *Male* ~~*or Female,*~~ {Cross out the word not required in this line.}

Age, 74 *Years,* 7 *Months,* 5 *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Gross

Place of Death, {Give street and Number.} 138 Cathedral St.

Cause of Death, First (Primary). Pleuro-Pneumonia

Second (Immediate). " "

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, April 27th

Undertaker Henderson Bro.

Place of Business, Park & Saratoga Sts *Address,* 108 Park Ave.

J. Donaldson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Ce...

Health Department, City of Baltimore.

Permit No. 83224 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Shane

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 4 Portland St. Balto. Md.

Cause of Death, First (Primary), Paralysis of left side

Second (Immediate), Sudden ~~Apop~~

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, April 26th 1885

Undertaker, John S. Mackie

Place of Business, No 150 Camden

Wm. H. Nickerson M. D.
Medical Attendant.

Address, Lexington & Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Health Department, City of Baltimore.

Permit No. 83225 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ingram

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 74 *Years,* ..... *Months.* ..... *Days*

Color, white

~~*Married*~~, ~~*Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 194 Lamdale

Cause of Death, First (Primary), Chronic Diarrhea

Second (Immediate), Asthenia

Duration of Last Sickness, 18 mos.

All the above information should be furnished by the Physician.

Place of Burial, London Park Lot

Date of Burial, April 26th 1885

Undertaker, John S. Thacher

Place of Business, No 150 Lanvale

J. H. Ellis *M. D.*

Medical Attendant.

Address, 188 Baulline

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis[illegible] on Back of this Ce[illegible]

Health Department, City of Baltimore.

Permit No. 83226 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAR 25 1885 BALTIMORE MD.

Date of Death, Apl 21th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Stadelman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 59 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany (33 yrs in America

Duration of Residence in the City of Baltimore, 33 yrs.

Place of Death, {Give Street and Number.} St Joseph's Hospital

Cause of Death, First (Primary), Hemiplegia

Second (Immediate), Exhaustion from Diarrhea

Duration of Last Sickness, 10 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bone Brae Cem

Date of Burial, Apl 26 1885

Undertaker, [illegible] Rinehezer

Place of Business, [illegible] Gay St

Oscar J. Cookay M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

FILMED

No. 8327

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83227 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Randon

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, About 20 *Years,* *Months,* *Days*

Color, Negro

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Essex Co. Virginia

Duration of Residence in the City of Baltimore, 3 yrs

Place of Death, {Give Street and Number.} 55 Josephine St.

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate), & Exhaustion

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 25 - 1885

Undertaker, Wm Madden

Place of Business, 46 East St

H M Wilson M. D.
Medical Attendant.

Address, 129

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFET

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83228 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 25 1885

CERTIFICATE OF DEATH.

Date of Death, April 24 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Pilgrman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 52 Low Alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), Pthisis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, 25th of April

Undertaker, Paul Davis

Place of Business, 251 Montgomery St *Address,* 210 Sharp St

G. S. Brown M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 832

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83229 *Office of Registrar of Vital Statistics.* **Ward** 12/9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 23 1885.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Stephen Dennis

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.} male

Age, 43 *Years,* — *Months,* — *Days*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} Married

Occupation Brick Maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and Number.} 7 Salisberry Court

Cause of Death. First (Primary), —

Second (Immediate), Phthisis

Duration of Last Sickness. 7 Months

All the above information should be furnished by the Physician.

Place of Burial Laurel cemetary

Date of Burial, April 25th

Undertaker Wilson & Grace

Place of Business, Saratoga St 142

C. F. Weeks M. D.
Medical Attendant.

Address, 233 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83230 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Seibel Sr.

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* ... *Months.* ... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 36 Years

Place of Death, {Give Street and Number.} 85 Dover st

Cause of Death, First (Primary), Old Age

Second (Immediate), Prostration

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemet.

Date of Burial, April 26/85

Undertaker, P Dree

Place of Business, 188 Columbia Ave

C. A. Baddenhorn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83231 *Office of Registrar of Vital Statistics.* Ward 9 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 25 — 85 — 10.30 a m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Cunningham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 4 days

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Phthisis Pulm

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 25th 85

Undertaker, Houghton Sons

Place of Business, Park Avenue

E Van Hood M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83232

Office of Registrar of Vital Statistics.

11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPT. APR 25 1885 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, April 26: 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sara Berkley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* 2 *Months,* 19 *Days.*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Fairfax Co Va

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} 225 N Eutaw st

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 24 Hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Ennon Cem

Date of Burial, April 26th 1885

Undertaker, Hen Zahn Sons

Place of Business, Park Harding St

F. C. Williams M.D.,
Medical Attendant.

Address, 201 Madison Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...respectfully ... the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 83233 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berrindina Carolina Bulgen

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Twenty-seven *Years,* Five *Months,* — *Days.*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 18 Hanover Lane

Cause of death, First, (Primary,) Cystitis

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemy

Date of Burial, 26 April 1885

Undertaker, L Sloans

Place of Business, 317 Mulberry St

J. M. S. Jordan, M. D., Medical Attendant.

Address, 632 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

4 11

Permit No. 83234

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 24 / 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ann Maria Conway.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, a Lady.

Birthplace, {State or country (and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and number.} # 80 E Pratt St

Cause of Death, First (Primary,) Gastric Catarrh. Chronic

Second (Immediate,) Debility.

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, Apr 26th 1885

Undertaker, Jno W McCoy

Place of Business, 22 W. Fayette St.

J M Carlin M. D.
Medical Attendant.

Address 385 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83235 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. APR 25 1885

CERTIFICATE OF DEATH.

Date of Death, Apr 23 - 85 - 3.25 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Rust

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 56 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England 9 yrs in America

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Cellulo Cutaneous Erysipelas

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, E. Pub Cemetery

Date of Burial, Apr 25th 85

Undertaker, Geo. Pinkhart

Place of Business, Forrest Pl. *Address,* City Hospital

E Van Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83236 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, April 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Bell Woolford

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Co Charles & Mott St

Cause of Death, First (Primary),

Second (Immediate), Diphtheria

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem.

Date of Burial, Apl. 26/85

Undertaker, W. A. Draper

Place of Business, 748 S Bdwy,

J. J. Guth M. D.
Medical Attendant.

Address, 137 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...specti... ...emarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83237 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lizzie White

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* 11 *Months,* 17 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Steam Kuper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Worcester Co Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, {Give Street and Number.} Cor E. Avenue & Denham Ct.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Oedema of lungs

Duration of Last Sickness, 7 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 27th 1885

Undertaker, Fred Gaede

Place of Business, 29 E. Caroline *Address,* 1 S Broadway City

W. O. McSulvoh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

...spect... ...e Remarks Be... ..., and to List of ... on Back of this ...

Board of Health, City of Baltimore,

Permit No. 83238 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward B. Phelan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 14 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Parkin St.

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Inflam. of Brain

Duration of Last Sickness, 20 days.

All the above information should be furnished by the Physician.

Place of Burial Baltimore Cemetery

Date of Burial. April 27th 1885

Undertaker, Henry F. Sears

Place of Business, 115 N. Gay St.

J. W. C. Cadd, M. D.,
Medical Attendant.

Address, 137 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83239 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hahn

~~*Sex, Male or* Female,~~ {Cross out the word not required in this line.}

Age, 36 *Years,* ~~Months.~~ 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 117 Barkdull

Cause of Death, First (Primary), softening of brain

Second (Immediate), Paralysis

Duration of Last Sickness, 6 months

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, April 27

Undertaker, Wendell Dyer

Place of Business, ... *Address,* 128 E. Belmont

F Hatton M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

No. 83240

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83240 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, April 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Rose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* ~~~~ *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 285 Canton ave

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, 1st Evangelical Luth. Cem.

Date of Burial, April 26 1885

Undertaker, A Sander & Son

Place of Business, 25 & Canton Av *Address,* Canton P.O.

James H Weiman M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Emanuel Weiman

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83241 / Office of Registrar of Vital Statistics. Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 26 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, April 24. 83

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert Cohen

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, Years, 3 Months, Days.

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 333 Saratoga

Cause of Death. First (Primary), Enteritis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Russian Cemetery

Date of Burial, April 26/85

Undertaker or Saml Cohen

Place of Business, 333 Saratoga *Address,* 258 Madison Ave

L Fillmarth M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83242 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Ann Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* 0 *Months.* 0 *Days*

Color, Light Copper

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard County

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} No 1 Waters Court

Cause of Death, First (Primary), Cold

Second (Immediate), Consumption of Lungs

Duration of Last Sickness, Three Months

All the above Information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, April 27 1885

Undertaker, Alex Hensley

Place of Business, 116 Richard st

Benj L Bohrer M. D.
Medical Attendant.

Address; Cor Dolphin & Druid Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83243 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

CERTIFICATE OF DEATH.

Date of Death, April 25th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Hester C. Cockey

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months.* ..... *Days,*

Color, Col.

Married. Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 Mo's

Place of Death. {Give street and Number.} 72 Chesnut Alley

Cause of Death.

First (Primary), ...

Second (Immediate), Dentition

Duration of Last Sickness, 4 Mo's

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26 1885

Undertaker A. C. Hennelly

Place of Business Marchand & L

B. S. Titcomb M. D.
Medical Attendant.

Address, 616 W Balto. Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

No. 83244

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83244 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} William Wagner.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 29 *Years,* 6 *Months,* 19 *Days,*

Color, W.

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Cigar Manufacturer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, All his life.

Place of Death, {Give street and Number.} 209 E. Lombard St.

Cause of Death, First (Primary), Chronic Cirrhosis of the liver

Second (Immediate). Cholestraemia + Anasarca - Exhaustion.

Duration of Last Sickness, Not Known - Under my care six weeks.

The above information should be furnished by the Physician.

Place of Burial, Baltimore Comet'y

Date of Burial, 28 April 1885

Undertaker John C. Silver

Place of Business, 265 Aliceanna

Timothy John Shea M. D.
Medical Attendant.

Address, 827 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83245 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Hayden

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* 4 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} No 22 Jackson st

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Hepatic exhaustion after Abortion

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Trinity

Date of Burial, 28 April

Undertaker, E Kehlmann

Place of Business, 181 E Scharp St

L Obrentz M. D.
Medical Attendant.

Address, 12 S Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83246 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 27 1885

CERTIFICATE OF DEATH.

Date of Death, April 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Morton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 7 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ball

Duration of Residence in the City of Baltimore. all his life

Place of Death, {Give Street and Number.} 277 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Bright Disease of the Kidney

Duration of Last Sickness, 1 Day Ein

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 27th 85

Undertaker, Daniel Flynn

Place of Business, 169 West St

Frederic Cotta M. D.
Medical Attendant.

Address, 446 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83247 *Office of Registrar of Vital Statistics.* Ward 2 11 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 27 1885

CERTIFICATE OF DEATH.

Date of Death, 25th. April 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Valentin Springer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Prussia, Germany

Duration of Residence in the City of Baltimore, 25 years.

Place of Death, {Give Street and Number.} Nro 200 S. Durham

Cause of Death, First (Primary), Apoplexia nervosa

Second (Immediate),

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Cem.

Date of Burial, April 27th 85

Undertaker, H. Francis

Place of Business, Frank & Wolfe's Address, S. Wolfe & 11th

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83248 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

HEALTH DEPT. APR 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 25th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gahan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore. 35 years

Place of Death, {Give Street and Number.} No 5 L Columbus St

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, Four Months

All the above information should be furnished by the Physician.

Place of Burial, Holly Cross Cemitery

Date of Burial, April 27. 1885

Undertaker, Arendtsburg Bros

Place of Business Light & Mulgrew *Address,* .....

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83249 *Office of Registrar of Vital Statistics.* Ward 8"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 27 1895
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gulende Burke

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ballo City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 186 Fremont Ave

Cause of Death, First (Primary), Meningites

Second (Immediate), Exhaustion

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, April 29th

Undertaker, H. C. Windefeld

Place of Business, 90 Fremont Ave *Address,* 25 & Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83257 *Office of Registrar of Vital Statistics.* Ward 13 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE ... APR 27 1885 ... MD

CERTIFICATE OF DEATH.

Date of Death, 4.26.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rose ann Bradley

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* ——— *Months,* ——— *Days,*

Color, White

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give street and Number.} 470 Lexington

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, April 27th 1885

Undertaker, F. Lewis Schaaf

Place of Business, 1094 Fremont

H. M. Eshman M. D.,
Medical Attendant.

Address, 349 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83251 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas James Gannon

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, One Months, 14 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, One Month & 14 days

Place of Death, {Give Street and Number.} No. 256 E. Monument Street

Cause of Death, First (Primary), Malformation of the Circulatory system

Second (Immediate), Cyanosis.

Duration of Last Sickness, Six hours.

All the above information should be furnished by the Physician.

Place of Burial, Henry Cross, C.

Date of Burial, April 27th 1885

Undertaker, Henry Megarrs

Place of Business, No. 8 N Central Ave

John H. Pickel M. D.
Medical Attendant.

Address, 256 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83252 *Office of Registrar of Vital Statistics.* Ward 7 C/C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, Apl 25. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charlotte Bishop

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* *Months,* *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Co. Md

Duration of Residence in the City of Baltimore, 2 1/2 years

Place of Death, {Give street and Number.} 395 N. Bond St

Cause of Death, First (Primary), Bright's Disease of Kidneys

Second (Immediate), Heart Failure

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, April 28. 1885.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St, *Address,* 181 Linden Av

Henry Chandlee M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83253 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Shaffer

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.} Female

Age, 29 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Married

Occupation, Housekeeping

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Ireland~~ Maryland

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 114 Ridgely st

Cause of Death, First (Primary), Typhomalarial fever

Second (Immediate),

Duration of Last Sickness, 1 Mo. 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, April 28th 1885

Undertaker, John D. Mackie

Place of Business, 150 Lombard

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83524 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Edwards

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cantw. Balto. Co

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} Nursery & C. Hosp.

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 27

Undertaker, C. W. Blizzard

Place of Business, 201 Penna ave

T. A. Abby M. D.
Medical Attendant.

Address, 318 Madison Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 83255

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25: 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Alice Hamburg

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 7 weeks ~~*Days*~~

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and number.} 87 Linden Ave

Cause of Death, First, (Primary.) Convulsions

Second, (Immediate.)

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ss. Cath. Cemetery

Date of Burial, April 27th 1885

Undertaker, STEWART & MOWEN UNDERTAKERS 35 Park Ave.

Place of Business,

E. C. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83256 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ranstead

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 69 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Westmoreland New Hampshire

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 217 W. Hoffman St.

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness Three months

All the above information should be furnished by the Physician.

Place of Burial, Bosley Mass

Date of Burial, April 29/85

Undertaker, STEWART & MOWEN UNDERTAKERS 36 Park Ave

Place of Business, *Address,* 234 Madison Avenue

A. J. Bell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

3688 Brown

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 8325 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm N Mullikin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, About 70 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} # 192 Argyle Ave

Cause of Death, First (Primary), Erysipelas

Second (Immediate), Paralysis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Easton Md

Date of Burial, April 28th 1885

Undertaker Wm S Thacker

Place of Business, 15 Granville St

Henry Chandlee M. D.
Medical Attendant.

Address, # 181 Linden Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3687 Transmitted

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83258 *Office of Registrar of Vital Statistics.* **Ward** 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S OFFICE
APR 27 1885
REGISTRAR
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 25 Apr 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederick Hildebrand

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation Tinner

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, many years

Place of Death, {Give street and Number.} 833 W. Balt St

Cause of Death, First (Primary), Fracture of the right frontal

Second (Immediate), bone & consequent cerebral lesion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, Apr. 27/85

Undertaker J. B. Cook

Place of Business, 707 W. Balto St *Address,* 594 N. Fayette

Johns (M. D.)
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83259 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Biescker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months,* ✓ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Retired

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, 7 years

Place of Death, {Give Street and Number.} 16 N. Mechen St.

Cause of Death, First (Primary), _____

Second (Immediate), Chronic Gastritis

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem.

Date of Burial, Apr. 27/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,*

Jno. Brooke Bane M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83260 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE MD

CERTIFICATE OF DEATH. a

Date of Death, April 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Missouri Robinson (Mother)

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 6 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Temple St

Cause of Death, First (Primary), Tetanus Mentonum

Second (Immediate), Convulsions

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, Apr 27th 1885

Undertaker, Wm M Dwyer

Place of Business, No 62 East St

Geo B Reynolds M. D.
Medical Attendant.

Address, 71 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. / 8

Permit No. 83261 *Office of Registrar of Vital Statistics.* Ward ~~15~~ 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1885

Date of Death, April 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Reiby

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* ~~mm~~ *Months,* ~~dy~~ *Days*

Color, Black

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 6 Winter St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, Apl 27=1885

Undertaker, H Ross

Place of Business,

Jas. A. Steuart M. D.

Comm'r of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

John E. Kinaing Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83262 — *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

94

HEALTH DEPARTMENT
APR 27 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 26th — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schraender.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 yrs *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. 2 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), General Debility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, April 27 85

Undertaker, Benhard Hall

Place of Business, 82 West St.

Oscar J. Courtney M. D.
Per J.R.F. Medical Attendant.

Address, 188 N. Calvert St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore.

Permit No. 83263 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTERED APR 27 1883

CERTIFICATE OF DEATH.

Date of Death, April 27 1883

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary W Hanway

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 33 *Years,* — *Months,* — *Days,*

Color, White

Married, Single, Widow, Widower, { Cross out the words not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Pres- city

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 26 N Eutaw St

Cause of Death, First (Primary), Uraemic Convulsions

Second (Immediate), 6 months Pregnancy. Albuminuria

Duration of Last Sickness, 2 days.

the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 29 April

Undertaker W Weaver

Place of Business, 202 N Eutaw

A R Lewis M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

KODAK

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore,

Permit No. 83264 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE

Date of Death, April 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Otto. Hoepfner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~

Occupation ~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 mo

Place of Death, {Give street and Number.} 8 Jansen St Locust Point

Cause of Death,
First (Primary), ~
Second (Immediate), Convulsions

Duration of Last Sickness, ~

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, April 27th 1885

Undertaker H. Sander & Son

Place of Business, 252 Caroline St

Signature, Sam'l Bell M. D.

Medical Attendant, ~ Coroner 2nd Dist

Address, 141 2nd Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 83265 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleny Thomas (Coed)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 84 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Howard Co Md

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 18 Boyd Ave

Cause of Death, First (Primary), ...

Second (Immediate), Prostration due to old age

Duration of Last Sickness, Six (6) Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 28 1885

Undertaker, S W Chase

Place of Business, 198 Howard St

D L Shuter M. D.
Medical Attendant.

Address, 307 W Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 83266

Office of Registrar of Vital Statistics. (16

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 26th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Webb

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 16 *Years,* 1 *Months,* ..... *Days.*

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, {Give street and number.} 216 Dorcas St

Cause of Death, First, (Primary.) Dropsy of Liver

Second, (Immediate.) Asthenia

Duration of Last Sickness, Six Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shar. M. Cem

Date of Burial, 28th Apl 1886

Undertaker, Saml Chase

Place of Business, Fawn St.

E. Smith *M.D.,*

Medical Attendant.

Address, 116 Orchard

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on

Health Department, City of Baltimore.

Permit No. 83267 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Ettle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* 3 *Months.* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 13 Cuba St Canton point

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, April 29

Undertaker, P. Hark

Place of Business, 82 West St

C. A. Budden born M. D.
Medical Attendant.

Address, 166 S. Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83268 *Office of Registrar of Vital Statistics.* Ward 17 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 24, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Winston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* —— *Months.* 3 *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 294 Cross St

Cause of Death, First (Primary), Valvular Disease of Heart (Right-Side)

Second (Immediate),

Duration of Last Sickness, Several Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, April 28

Undertaker, Edward Fickler

Place of Business, Sharp Cross

Chas. St. Thomas M. D.
Medical Attendant.

Address, 66 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 83269

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 27 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, April 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine A. L. Shaffner

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Seventy *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Florida

Duration of Residence in the City of Baltimore, Forty five years

Place of Death, {Give Street and Number.} 357 Madison Avenue

Cause of Death, First (Primary), Carcinoma of the Stomach

Second (Immediate), Congestion of the Heart

Duration of Last Sickness, About One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemy

Date of Burial, Apr 28th 1885

Undertaker, D Cemy & Mitchell

Place of Business, 530 W Fayette St

Geo. Lloyd Martin M. D.
Medical Attendant.

Address, 38 Mount Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on b...

Health Department, City of Baltimore.

Permit No. 83270

Office of Registrar of Vital Statistics.

Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, April 26/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Peter Kunig

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 25 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 113 S Regista st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St Mathews

Date of Burial, Apr 28

Undertaker, Wendell Dyer

Place of Business,

R. W. Mansfield *M. D.*
Medical Attendant.

Address, 55 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on [illegible]

Health Department, City of Baltimore.

Permit No. 8327

Office of Registrar of Vital Statistics.

Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cathrina Baumann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany, 2 weeks

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, April 28 1885

Undertaker, H. Saunders Son

Place of Business, 252 Eastern Ave

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83272 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

B

Date of Death, April 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Hoskins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Collector Real Estate Broker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 452 E. Baltimore

Cause of Death, First (Primary), Pneumonia (of both Lungs)

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, April 29th 1885

Undertaker, Denny & Mitchell

Place of Business, 652 S. Broadway Address, 283 W. Lombard

Edwd F. Nicholson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 83273 *Office of Registrar of Vital Statistics.* **Ward** 5-a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 27 April 1885.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} August Slatt

Sex, Male or ~~Female~~. {Cross out the word not required in this line.}

Age, 18 *Years,* *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laushmaker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 N Eden St.

Cause of Death, First (Primary). Typhus.

Second (Immediate).

Duration of Last Sickness, 3 Weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, 29 April 1885

Undertaker Henry Schumann

Place of Business, 23 N Eden St

C Holtmeier M. D.
Medical Attendant.

Address, 57 Augusta

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Typhus Abdominalis Ende

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83274 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, 4.27.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Rose

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, col

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto ?

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 16 Booth st

Cause of Death, First, (Primary,) Pleuro Pneumonia

Second, (Immediate,)

Duration of Last Sickness, 7 Wks

All the above information should be furnished by the Physician.

Place of Burial, ~~Laurel~~ Cemetery

Date of Burial, April 28 1885

Undertaker, W W Madden

Place of Business, 46 East st

W W Coleman M. D.,
Medical Attendant.

Address, 324 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83275 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, April 27 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charlotte Hall

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months.* — *Days*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore. Always

Place of Death, {Give Street and Number.} No. 129 Chestnut St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Congestion of Brain.

Duration of Last Sickness, 1/2 hour.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 29 - 1885

Undertaker, Wm W Madden

Place of Business, 46 Eastern Av

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83276 *Office of Registrar of Vital Statistics.* Ward 15½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S DEPARTMENT
APR 28 1885
BALTIMORE CITY

CERTIFICATE OF DEATH.

Date of Death, April 27/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hannah Coughe

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months.* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 147½ York st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, April 28th 1885

Undertaker, Wm L Gray

Place of Business, 65 — 2

E. Michaux M. D.
Medical Attendant.

Address, 138 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83277 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 25, 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John H. Williams

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, 38 *Years,* 4 *Months,* *Days,*

Color, Colored.

Married, ~~Single, Widow or Widower~~. { Cross out the word not required in this line. }

Occupation Laborer

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 41 Stockholm St.

Cause of Death, First (Primary), Pneumonitis,

Second (Immediate).

Duration of Last Sickness, About 1 week.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 28 1885

Undertaker Hercules Ross

Place of Business, 95 Low Water St

C. Edward Lauer, M. D.
Medical Attendant.

Address, 58 N. Gay opp Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 83278 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 26th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Irene Virginia Case

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 4 *Years,* 3 *Months,* 15 *Days,*

Color, Black,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give street and Number.} 34 Vincent alley

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,)

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, April 28 1885

Undertaker, Herculen Ross

Place of Business, 95 Con Wayst

H. Wright M. D.,
Medical Attendant.

Address, 221 Hydmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83279 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 24 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apr 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. Samuel M Laughlin

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 2 *Years,* 1 *Months.* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} 10 Rock St

Cause of Death, First (Primary), Croup (Membranous)

Second (Immediate), Pneumonia

Duration of Last Sickness, 3 wks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, Apr. 28 85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 1 E Madison Ave

J H Braukam *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83280 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Gallagher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 421 Constitution St.

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, April 29th 85

Undertaker, J. F. Byrne

Place of Business, 4 Front St. *Address,* .....

James A. Stewart M. D.

Am. Health Officer

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

(Jas. O. Fitzpatrick Sanitary Inspector)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83281 *Office of Registrar of Vital Statistics.* **Ward** 14/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, April 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Seitz

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, ~~1~~ 80 *Years,* 7 *Months,* 5 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 28 S. Calhoun St

Cause of Death,
First (Primary), Senile Dementia
Second (Immediate), Exhaustion

Duration of Last Sickness, 3-4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 29/85

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore

W. T. A Kemp M. D.
Medical Attendant.

Address, 55 N. Greene St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83282 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR. 28 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva B. Hagan

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 917 Eastern Ave.

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, Apl. 30. 1885

Undertaker, M. A. Dalyn

Place of Business, 94 S. Bway

M. D.,
Medical Attendant

Address, 211 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore.

Permit No. 83283 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 28 1885 BALTIMORE, MD.

8

CERTIFICATE OF DEATH.

Date of Death, April 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Streett Ramsay.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days.*

Color, white

Married, ~~Single,~~ ~~Widow or~~ ~~Widower~~, {Cross out the word not required in this line.}

Occupation Rail Road Brakeman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania.

Duration of Residence in the City of Baltimore, Five months.

Place of Death, {Give street and Number.} 213 Ensor St. cor Harford Avenue.

Cause of Death, First (Primary), Malaria

Second (Immediate), Pneumonia -

Duration of Last Sickness, Ten Days.

All the above information should be furnished by the Physician.

Place of Burial, Hesse Chapel Balto Co Md

Date of Burial, April 29th

Undertaker H C Widefeld

Place of Business, 11 Fremont Ave *Address,* Belair Avenue

J F Martenet M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List on Back of this.

Health Department, City of Baltimore.

Permit No. 83284 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Apr. 27

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Smith (Mother)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* *Months,* 4 *Days*

Color, cd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 75 Raborg St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Exanotion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, April 28 1885

Undertaker, Robt E Davis

Place of Business, 251 W. Balto St

W. B. Warfield M. D.
Medical Attendant.

Address, University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83285

Office of Registrar of Vital Statistics.

Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. APR 20 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard L. C. Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 68 *Years,* ... *Months.* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Sea Captain

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 132 Bolton St Baltimore Md

Cause of Death, First (Primary), Severe contusion of legs & mortification

Second (Immediate), Blood Poisoning

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemty

Date of Burial, April 30th 1885

Undertaker, Jos H Byrne

Place of Business, 32 N Liberty St

J. E. Clagett M. D.

Medical Attendant.

Address, 76 N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 83486 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 18...

CERTIFICATE OF DEATH.

Date of Death, April 26th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Krause.

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 5-2 *Years,* / *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Miniolei

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 6 Years.

Place of Death, {Give Street and Number.} 37 Conway St

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy.

Duration of Last Sickness, 12 hours.

All the above information should be furnished by the Physician.

Place of Burial, Cincinnati

Date of Burial, April 29th 1885

Undertaker, Dieterick Wiegand

Place of Business, 166 Druid Hill Av. *Address,* 152 Sharp St

R. J. N. Tall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3693 Monroe

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83287 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

APR 29 1885

CERTIFICATE OF DEATH.

Date of Death, April 28th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julius Raak

~~*Sex,*~~ *Male* ~~or Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 260 N. Bond St.

Cause of Death, First (Primary), Chronic bronchitis Asthma

Second (Immediate), Anemia, Apoplexy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Wallo Cem.

Date of Burial, May. 30th 85

Undertaker, G. Franz

Place of Business, South & Hope

Thomas M. D.
Medical Attendant.

Address, 248 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83288 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 5th P M Tuesday April 28th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Magie Beckie

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.} Female

Age, ——— *Years,* 3 *Months,* 4 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 22 O Donnell St

Cause of Death, First (Primary), Marasmus Gastric fever

Second (Immediate), Convulsion

Duration of Last Sickness, 6 days (The child never was healthy)

All the above information should be furnished by the Physician.

Place of Burial, St. Paul Cemetery

Date of Burial, April 30 1885

Undertaker Landon & Son

Place of Business, 252 Eastern Ave

J. E. Prichard M. D.
Medical Attendant.

Address, 28 O Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83289 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 28/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, —— *Years,* / *Months,* —— *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 30/85

Undertaker, James Casvall

Place of Business, Fisin & Irwin

R. H. Goldsmith M. D.
Medical Attendant.

Address, Hebron, Md.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

No. [illegible]

Health Department, City of Baltimore.

Permit No. 83290 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 3 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), General Debility

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 30/85

Undertaker, James Mowell

Place of Business, Lisson & Mowell

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83291 *Office of Registrar of Vital Statistics.* Ward 13 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 85

Full Name of Deceased {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tinie J. Campbell

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* ..... *Months,* ..... *Days*

Color, Black.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Two months

Place of Death, {Give Street and Number.} #16 Boyd St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, Sharpe Cemetery

Date of Burial, April 30 1885

Undertaker, Abt Hunsley

Place of Business, 116 orchard St

Edwin P. Turner M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 32

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83292 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT APR 29 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Baldenhofer

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 9 *Months,* ..... *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 160 Hudson St

Cause of Death, First (Primary), Consumption

Second (Immediate), 1 6

Duration of Last Sickness, 4 4

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 29th 85

Undertaker G. Frances

Place of Business, Zantz & Wolf *Address,* .....

J H Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83293 *Office of Registrar of Vital Statistics.* Ward 3

83293

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John B. Thomas

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* — *Months,* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 50 Broadway

Cause of Death, First (Primary),

Second (Immediate), Pulmonary Phthisis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, New Haven Conn

Date of Burial, April 30th 85

Undertaker, G. France

Place of Business, Banks & Wolfe St. *Address,* Broadway & Fleet

J. B. Jennings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3696 Thos

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83294 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, 29th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lloyd S. Henry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 24 *Years,* 1 *Months.* 5 *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Doorman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 231. Hughes St

Cause of Death, First (Primary), Tubercular = consumption

Second (Immediate), Asphyxia

Duration of Last Sickness, 6. months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1885

Undertaker, Hen Cules Bros

Place of Business, 75 Cor Wayst

Address, 146. Hill St.

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83295 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD
APR 30 1885

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dallas E Rose

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dallas

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 114 Welcome Alley

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharpsburg cemetery

Date of Burial, May 1st 1885

Undertaker, Geo Euler Sons

Place of Business, 94 Lou Wayne Address, 210 Sharp St.

W. W. Good M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Accompanying [illegible]

Board of Health, City of Baltimore,

Permit No. 83296 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laphania Warren

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* + *Months,* 1 *Days.*

Color, Mulatto

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, House Keeper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Wilson. N.C.a

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give street and Number.} 94 Dover Street

Cause of Death, First, (Primary.) Burns

Second, (Immediate.) do.

Duration of Last Sickness, 22 days.

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, April 30 1885

Undertaker, Hercules Bon

Place of Business, 94 Cor Wayst

J. Tracy Thomas M. D., Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83297 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE APR 30 1885

C

CERTIFICATE OF DEATH.

Date of Death, April 29. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Young

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 60 Duncan Ally.

Cause of Death, First (Primary), Bronchitis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, April 30th 1885

Undertaker, John Young

Place of Business, 382 Orleans St. Address, 344 E. Baltimore St.

J. H. Ellenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83298 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, Apl 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen E Harpnagel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 35 *Years,* 4 *Months,* 16 *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harrard County Md

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, {Give Street and Number.} 197 N Bond St

Cause of Death, First (Primary),

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Howard Co. Md

Date of Burial, April 30th

Undertaker, Geo Schilling

Place of Business,

Milton A Taylor M. D.
Medical Attendant.

Address, Broadway & Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

(20

Permit No. 83299

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 29, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary J. Rohrer,

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 31 *Years,* *Months,* *Days.*

Color, W. *Sex,* F.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto. City,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 432 N. Carlton St.

Cause of Death, First (Primary,) Cerebral Hemorrhage,

Second (Immediate,) Paralysis & Convulsions

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Ch

Date of Burial, May 1st 85

J. L. Ingle M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St Address 217 Fawn St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83300 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
APR 30 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Georgianna Sawkins

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 25 Yrs

Place of Death, {Give Street and Number.} 113 Edmondson Ave

Cause of Death, First (Primary), Organic Heart Disease

Second (Immediate), Pulmonary Apoplexy

Duration of Last Sickness, 30 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery

Date of Burial, May 1st 1885

Undertaker, Jos. B. Cook

Place of Business, 1607 W Baltimore

John Neff M. D.
Medical Attendant.

Address, 204 N Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8330 / *Office of Registrar of Vital Statistics,* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

APR 30 1885

CERTIFICATE OF DEATH.

Date of Death, April 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mariah L. Yocke

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* 2 *Months,* + *Days*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 169 Conway St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Bath Cem

Date of Burial, April 30th 1885

Undertaker, Wm. H. McCoy

Place of Business, 22 W. Fayette St *Address,* 116 [illegible]

Thomas Cox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83302 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mitnaugh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 50 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. Life time

Place of Death, {Give Street and Number.} No. 177 Bank St

Cause of Death, First (Primary), ...

Second (Immediate), Pneumonia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, M. Evangelical cem

Date of Burial, April 30th 85

Undertaker, Wm Landy & Son

Place of Business, 182 Caton Av *Address,* 2 1 S Pine

D. Hotz *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83303 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 29 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Cattin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 81 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co. Md

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give Street and Number.} 25 N. Bond St

Cause of Death, First (Primary), old Ages

Second (Immediate), Chronic Congestion of the Bowels 3 months

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 1/95

Undertaker, W. A. Salter

Place of Business, 148 Broadway

Wm. N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 0 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83304 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LIBRARY APR 30 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, April 28/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliz. J. Gorsuch, Elizabeth

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 69. *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} Gay & Front Sts - 106 N. Gay

Cause of Death, First (Primary). Cancer of Stomach

Second (Immediate). Exhaustion

Duration of Last Sickness, One Year.

All the above information should be furnished by the Physician. N.C.R.R.

Place of Burial, Lockerville Balto County

Date of Burial, May 1st 1885

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 133 N. Exeter St

J. W. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3697 Turner [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83305 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Clemmes Bunger

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66. *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 52 Wash St

Cause of Death, First (Primary), Hypertrophy of the Heart 4 Years

Second (Immediate), Dropsy &c

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 30

Undertaker, B. Hale

Place of Business, 52 West St

Howard Carter M. D.
Medical Attendant.

Address, 146 Hanover

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83306 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1865 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anton G. Stricker

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 95 Williams st

Cause of Death, First (Primary), Pneumonia (double)

Second (Immediate), Asphixia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Olpoan

Date of Burial, April 30

Undertaker, B Mark

Place of Business, 52 West Ft

C. L. Buckenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83307 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Apl 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Carr

~~Sex,~~ Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, [illegible] *Years,* [illegible] *Months,* 4 *Days*

Color, Colored

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 45 Hardway Lane

Cause of Death, {First (Primary), Inanition

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, Apl 30th 1885

Undertaker, M Gray

Place of Business,

Thos A Stevens M. D.

~~Medical Attendant.~~

Address, Camden & [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

M C Roberts S. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 83308 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 30 1885 BALTIMORE

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Eliza McDowell

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 17 *Years,* 7 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boston, Mass.

Duration of Residence in the City of Baltimore, 7 months

Place of Death, {Give Street and Number.} 71 Harford Ave

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Exhaustion & Edema of lungs

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 1/1885

Undertaker, Chas. F. Scriven

Place of Business, 27 & 29 E. Eutaw *Address,* 25 & Fremont Ave

J. H. Robinson M. D
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians to ... [illegible]

Board of Health, City of Baltimore,

12

Permit No. 83309

OFFICE OF REGISTRAR OF VITAL STATISTICS

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT APR 30 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 30, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexander Taylor Lankin D.D

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 80 *Years,* 4 *Months,* 26 *Days.*

Color, White

~~*Married, Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.} Widower

Occupation, Minister of the Presbyterian Church

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Penn.

Duration of Residence in the City of Baltimore, Since Dec. 27, 1884.

Place of Death, {Give street and number.} 357 Mc Culloh St Balto. Md

Cause of Death, First (Primary,) Malarial + age

Second (Immediate,) Exhaustion

Duration of Last Sickness, Since Dec 1884

All the above information should be furnished by the Physician.

Place of Burial, Buffalo N.Y.

Date of Burial, April 30 85

Wm H Nickerson M. D.
Medical Attendant.

Undertaker, Wm Deaver

Place of Business, 202 N Eutaw

Address Arlington + Harlem Sts
Baltimore Md.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3698 Deaver

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83310

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, APR 30 18[illegible]

Date of Death, June 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lia A. Conthwait

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Lea A " Conthwait

Age, 5.2 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Frederick Co.

Duration of Residence in the City of Baltimore, 4 months

Place of Death, {Give street and number.} 35 S Mulberry St

Cause of Death, {First (Primary,) Injury

{Second (Immediate,) Cancer of Liver

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician

Place of Burial, Loudon Park

Date of Burial, May 1st 85

Undertaker, Matthew Cadogan.

Place of Business, 227 Mulberry St

J. D. Abbott M. D.
Medical Attendant.

Address 107 N. Bridge St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 8331 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *when duly filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Colburn

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 1 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 50 Race St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1 1885

Undertaker, H. Reuter Son

Place of Business, 45 Conn Ave *Address,*

Wm S Bond M. D.
Medical Attendant.
No 50 Race St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 83312 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30/85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Charlotte Hause

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } female

Age, 78 *Years,* ..... *Months,* ..... *Days,*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower,~~ { Cross out the word not required in this line. } Widow

Occupation, None

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Co Md.

Duration of Residence in the City of Baltimore, ten years

Place of Death, { Give street and Number. } No 1 Montrose St

Cause of Death, { First, (Primary,) Old age, / Second, (Immediate,) Debility / } Cannot say, came imperceptibly

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, May 1/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. R. Fetterhoff *M. D.,* Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83313 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this ~~Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, Apl 29

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edwards Innis

~~Sex;~~ *Male or Female,* {Cross out the word not required in this line.}

Age, *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 201. Hollins St.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 201 Hollins St

Cause of Death, First (Primary), Malaria - Pneumonia.

Second (Immediate), Teething + Whooping Cough

Duration of Last Sickness, 2 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, May 1 / 83

Undertaker, J. B. Cook

Place of Business, 704 W. Balto St.

Amman F. Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or singie) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83314 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McSherry

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* 1½ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 179 Central Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 2nd

Undertaker, Michael Purdy

Place of Business, 32 Bank *Address,* [illegible]

W. Kelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83315 *Office of Registrar of Vital Statistics.* Ward 10 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 29. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phoebe Johnson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 29 *Years,* — *Months,* — *Days*

Color, Brown (Mulatto) Skin

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Chiefs Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} S. Carolina

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 19 Jasper

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Apnoea.

Duration of Last Sickness, about a Year.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cem.

Date of Burial, May 1st 1885

Undertaker, S. M. Chase

Place of Business, 68 S. Howard *Address,* 220 Linden ave

J. R. Page M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83316 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 1 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth E Hess

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore. 20 Years

Place of Death, {Give Street and Number.} 100 Rushton St

Cause of Death, First (Primary), ...

Second (Immediate), Septicaemia

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mary P Cemetery

Date of Burial, May 1st 1885

Undertaker, Saml R Chase

Place of Business, 198 S. Howard St

Jno D Blake M. D.
Medical Attendant.

Address, 158 Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83317 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stacy Ann Howard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* 0 *Months.* 0 *Days*

Color, Dark brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's County

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 1070 Shield Alley

Cause of Death, First (Primary), Malaria

Second (Immediate), Old age

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Mary's County

Date of Burial, May 1st 1885

Undertaker, S W Close

Place of Business, 198 E Howard

Benj F Baker M. D.
Medical Attendant.

Address, Cor Dolphin & Druid Hill Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83318 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 30, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elmira Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months.* 7 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 11. Hoen St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, 14 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1885

Undertaker, Wm Wilson

Place of Business, 46 East St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83319 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Patterson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, —— *Years,* —— *Months,* 6 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 13. N. Castle St. between Hampstead & Lloyd

Cause of Death, First (Primary), Eclampsia

Second (Immediate),

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, May 1st 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

A. V. Gorwiles M.D.

Medical Attendant.

Address, 96. S Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83320 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm G Shook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Junk Dealer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Westmoreland Co. Va

Duration of Residence in the City of Baltimore, 50. Years

Place of Death, {Give Street and Number.} 293 Light St.

Cause of Death, First (Primary),

Second (Immediate), Fatty Degeneration of the Heart

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 2nd 1885

Undertaker, John J. Andrews

Place of Business, 1416 Druid Hill Ave. *Address,* 146 Hanover St.

E. Brother Coale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83321 *Office of Registrar of Vital Statistics.* Ward 19/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4.29.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo W. Mrsee

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* ——— *Months,* ——— *Days,*

Color, ch

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Driver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give street and Number.} 4 Lawrence (se) Carroll

Cause of Death, First, (Primary,) acute Congestion

Second, (Immediate,) of Kidneys

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Mary st cemetery

Date of Burial, May 2d 1885

Undertaker, Wm et Burge

Place of Business, 62 East, 8t

L M Eastman M. D.,
Medical Attendant.

Address, 324 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83322 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Sept. 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annette Bracken

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, Black.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, Five years.

Place of Death, {Give Street and Number.} 20 Caulton st

Cause of Death, First (Primary),

Second (Immediate), Typhoid Fever

Duration of Last Sickness, Seventeen days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 1st 1885

Undertaker, Wm A Dunger

Place of Business, 62 East st Address, 17 N Calhoun st

Truman F Hill M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83323 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Cannell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 934 N. Dunbard In-

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Convulsions

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Woodbury evergreen cemetery

Date of Burial, May 1st 1885

Undertaker, Wm C Dunger

Place of Business, 62 East St

Wm. L. Rowe M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83324 *Office of Registrar of Vital Statistics.* Ward 3 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ferdinand Storm

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 75 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 46 N. Durham st.

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lutheran

Date of Burial, May 2 85

Undertaker Wendell Bros

Place of Business,

P. G. Lauchman M. D.
Medical Attendant.

Address, 325 E. Baltimore st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Card.

Board of Health, City of Baltimore,

12 11

Permit No. 83325

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE, MD. MAY 4 1885

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John J. Bowen.

Sex, Male or Female, {cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Commission Merchant ~~Clerk~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Colbert Co. Md.

Duration of Residence in the City of Baltimore, 2 years & 5 months.

Place of Death, {Give street and number} 469 Druid Hill Ave. Balto.

Cause of Death, First, (Primary,) Pneumonia of both Lungs.

Second, (Immediate,) Dyspnoea.

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Blunt Point Colbert Co

Date of Burial, May 2nd 1885

Mont Smith, M. D.
Medical Attendant.

Undertaker, John L. Mosher

Place of Business, No 150 Canal

Address, 45 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3699 Hunt

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83326 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 1 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Saml Cottingham

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.}

Age, 38 *Years,* ... *Months,* ... *Days*

Color, white

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 56 N Fulton Ave.

Cause of Death, First (Primary), Malarial fever

Second (Immediate), Cerebral congestion

Duration of Last Sickness, 9 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, April 2nd 1885

Undertaker, Sims & Whitacre

Place of Business, 530 W Fayette St *Address,* 584 W Fayette St

D. E. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks hereon, and to List of Diseases on back of this Cer...

Board of Health, City of Baltimore,

19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8327

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph A Disney

~~*Sex,*~~ *Male or ~~Female~~,* {Cross out the word not required in this line.}

Age, 40 *Years,* 5 *Months,* 27 *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number.} 551 Mulberry St.

Cause of Death, First (Primary,) Malaria

Second (Immediate,) Diabetes Mellitis

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, Sunday May 3d 1885

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

A. A. White M. D.
Medical Attendant.

Address 552 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83328 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, Apr 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Zellow

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years.~~ 6 *Months.* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti city Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Sunday's Childs Hospital

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, [redacted]

Undertaker, C. W. Blizzard

Place of Business, 207 Pine ave

T. A. Ashby *M. D.*
Medical Attendant.

Address, 318 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83329 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 30 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Moby Watkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Two weeks

Place of Death, {Give Street and Number.} 237 Eastern St

Cause of Death, First (Primary), Brights disease

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Point Island Md

Date of Burial, May 2 1885

Undertaker, Hen Cuke Ross

Place of Business, 95 Low Wayst

C. S. Booze M. D.
Medical Attendant.

Address, 210 Shupert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3700 Travers

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83330 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Banks

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Fifty-three *Years,* —— *Months,* —— *Days,*

Color, Black

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation, Convict

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, In Penitentiary thirteen years

Place of Death, {Give street and Number.} Maryland Penitentiary

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,) Dyspnoea from hamorhage

Duration of Last Sickness, One a year

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemet

Date of Burial, May 2" 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Silas Baldwin M. D., Medical Attendant.

Address, 152 Fountain St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 8331 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, 30th April 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Widow Hoge

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 66 Pearl St. Baltimore

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give street and Number.} 66 Pearl St Baltimore

Cause of Death, First, (Primary,) Atelectasis

Second, (Immediate,)

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 1st 1885

Undertaker, Wm J Gray

Place of Business, 65 [illegible]

A. M. Heldman M. D.,
Medical Attendant.

Address, 120 Pearl St. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83332 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH, MAY 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Scott

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 11 *Months.* —— *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto, Md

Duration of Residence in the City of Baltimore, 11 Months

Place of Death, {Give street and Number.} 101 Orchard St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem.

Date of Burial, May 1st 1885

Undertaker Wm J Gray

Place of Business, 45 — ——

D. Singling M. D.
Medical Attendant.

Address, 152½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83333 *Office of Registrar of Vital Statistics.* **Ward** 11/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 2 1885

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Dora. Kessling

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 25 Lord St.

Cause of Death, First (Primary). Tuberculosis, acute,

Second (Immediate). Exhaustion

Duration of Last Sickness, 4 months,

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cemetery

Date of Burial, May 3rd 1885

Undertaker Jas O'Byrne

Place of Business, 63 Front

F. W. L. Knudsen M. D.
Medical Attendant.

Address, 133 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83336 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johanna H Ealy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 37 Years

Place of Death, {Give Street and Number.} No 180 N Calvert St

Cause of Death, First (Primary),

Second (Immediate) Gangrene of Lower Extremities

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 2d

Undertaker, H C Wiedefeld

Place of Business, 9a Guilmount Ave

Wm Whitridge M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore.

Permit No. 83335 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the prescription of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 2 1885

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary Francis

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 81 *Years,* — *Months,* — *Days.*

Color, ?

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation Book Binder Co

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 35 Years

Duration of Residence in the City of Baltimore, 67 Mulberry St.

Place of Death, { Give street and Number. } Chronic Bronchitis

Cause of Death, First (Primary). Old age - Exhaustion

Second (Immediate).

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cem.

Date of Burial, May 2/85

Undertaker Wm J. Gray

Place of Business, 65 Mulberry St *Address,* 1162 Eutaw St

Whitefield Whitney M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

Health Department, City of Baltimore.

Permit No. 83336 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH BALTIMORE MAY 2 1885

CERTIFICATE OF DEATH.

Date of Death, ~~Oct~~ May 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Farber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 18 *Years,* 5 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Baker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Germany~~ New Jersey Cape May New Jersey

Duration of Residence in the City of Baltimore, ~~6 Years~~ 1 Week

Place of Death, {Give Street and Number.} 13 Cleveland St

Cause of Death, First (Primary), Rheumatism Pleurisy

Second (Immediate), Endocarditis & Consolidation of

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 3rd 1885

Undertaker, C. F. Evans & Son

Place of Business, 209 Hanover

Thos Cox M. D. Medical Attendant.

Address, 44 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 8333 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Friday May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Kepluger

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, Eighty two *Years,* *Months,* *Days,*

Color, White

~~*Married, Single,*~~ ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Gettysburg Pa

Duration of Residence in the City of Baltimore, Thirty five or more,

Place of Death, {Give street and Number.} No 1421 N Gilmor St.

Cause of Death, First (Primary), Old age

Second (Immediate) Wasting

Duration of Last Sickness, years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 2nd 1885

Undertaker Wm Weaver

Place of Business, No 202 N. Eutaw St. *Address,* 371 Eutaw Place

Thos S Latimer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 83338 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ferdinand Hafenkamp

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Druggist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 75 Hanover St.

Cause of Death, First (Primary), Carcinoma of Shoulder

Second (Immediate), Asthenia

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 2nd 1885

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts

Wm Gould M. D.
Medical Attendant.

Address, 170 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83339 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Gilbert Bonsell

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Wilmington Del

Duration of Residence in the City of Baltimore, about 14 Months

Place of Death, {Give Street and Number.} 711 W. Lanvale st

Cause of Death, First (Primary),

Second (Immediate), Scarlet fever

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, May 2 at 11 AM

Undertaker, F B Cook

Place of Business, 701 W Baltimore

W. R. Nuckolls M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83340 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 1885, BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. Wright

~~Sex,~~ Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 48 *Years,* — *Months,* — *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Brick Layer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} 264. S. Ann St.

Cause of Death, First (Primary), Softening brain

Second (Immediate), Asthenia

Duration of Last Sickness, 9 or 10 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Pleasant

Date of Burial, May 2nd 1885

Undertaker, Mc Sweeney Son

Place of Business, 332 Eastern Ave

Wm H Norris M. D.
Medical Attendant.

Address, 154. E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8331 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bichy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* 10 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Saloon Keeper = by trade a baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} = Germany

Duration of Residence in the City of Baltimore, 25 yrs

Place of Death, {Give street and Number.} 483 N Frederick

Cause of Death, First (Primary), Erysipelas, which produced a carbuncle

Second (Immediate), left cheek, sloughing to such an extent that it effected the brain. = Lockjaw supervened.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3rd 1885

A Trepkhertzer M. D.
Medical Attendant.

Undertaker John Heuisler

Place of Business, 382 Orleans St *Address,* 88 S. Ball St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8334 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION DEPARTMENT MAY 2 1883

CERTIFICATE OF DEATH.

Date of Death, ~~April~~ May 1st 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Webster Pfeltz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 2 *Months.* 24 *Days*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} Single

Occupation, None.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, All life.

Place of Death, {Give Street and Number.} N. E. Gay & Washington -

Cause of Death, First (Primary), Suffocative Catarrh

Second (Immediate), Heart clot?

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3rd

Undertaker, Eco Schilling

Place of Business, Ashland & Lyman *Address,* 55 N. Gay St

W. F. A. Kemp M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83343 *Office of Registrar of Vital Statistics.* Ward 11 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE MD.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Norris

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, about 79 *Years,* *Months,* *Days*

Color, Colored

Married, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, supposed to be about 70 yrs

Place of Death, {Give Street and Number.} 27 Rose St

Cause of Death, First (Primary), Hypertrophy of the Heart

Second (Immediate), first of one side then Paralysis of both sides

Duration of Last Sickness, Over one year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, May 3rd 1885

Undertaker, A. F. Hemsley

Place of Business, 116 Orchard St

Elias E. Price M. D.
Medical Attendant.

Address, 267 Mead Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

12

Permit No. 83344

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Temps Davis

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 83 *Years,* —— *Months,* —— *Days.*

Color, Colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, Housewife.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Petersburg, Virginia.

Duration of Residence in the City of Baltimore, 1/2 yrs

Place of Death, {Give street and number} No 1 Boulden alley

Cause of Death {First, (Primary,) 492 Second, (Immediate,) Exhaustion

Duration of last Sickness, 8 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 1st 1885

Undertaker, Abt Hemsley

Place of Business, 116 Orchard st

F. J. Flannery, M. D.
Medical Attendant.

Address, Cor Wilson & Division ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 8343

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83345 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Rice

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} F

Age, 45 Years, *Months,* *Days*

Color, Colored

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford County

Duration of Residence in the City of Baltimore, about 25 Yrs

Place of Death, {Give Street and Number.} 913 N Dallas Street

Cause of Death, First (Primary), Dilatation of Heart

Second (Immediate),

Duration of Last Sickness, Three (3) weeks

All the above information should be furnished by the Physician.

Place of Burial, Harford Co Md

Date of Burial, May 2/85

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* 913 N Dallas Street

C. Hall Ruthby M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. ***And be it further enacted and ordained,*** That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3702 Fremont

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83346 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret M. Clemson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 31 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick City

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 71 N. Washington

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 2nd 1885

E. B. Feuby M. D.
Medical Attendant.

Undertaker, Henry H. Mitchell

Place of Business, 65 S Broadway *Address,* 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83347 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH. 1885

Date of Death, May 1st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Diggs

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 1 *Years,* 7 *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } —

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 543 Penn St

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 1 da

All the above Information should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, May 2 1885

Undertaker, Her Enler Row

Place of Business, 95 Low Water St *Address,* 151 E Pratt St

Lud Bell *M. D.*
Medical Attendant.
Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 5348

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83348 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph E. Days

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 21 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Machinist

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life residence

Place of Death, {Give street and Number.} 29 S. Stricker St

Cause of Death. First (Primary), ...

Second (Immediate), Cancer of the testicle.

Duration of Last Sickness, Eleven (11) months.

the above information should be furnished by the Physician.

Place of Burial, Loudon Park cemetery

Date of Burial, May 3rd 1885

Undertaker Jos B Cook

Place of Business, No 707 W Baltimore St

Louis M. Knight M. D.
Medical Attendant.

Address, 112 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83349 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Callahan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 945. Bank St

Cause of Death, First (Primary), General Debility

Second (Immediate),

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 3rd 85

Undertaker, M. Doyle

Place of Business, 201 N. Charles St

Chas F. Mellvaine M. D.
Medical Attendant.

Address, 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83350 *Office of Registrar of Vital Statistics.* Ward 20 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David E Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 53 *Years,* — *Months,* — *Days*

Color, ed

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Coachman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 282 W. Biddle St

Cause of Death, First (Primary), —

Second (Immediate), Consumption

Duration of Last Sickness, 4 months

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 3 85

Undertaker, Morgan & Pyr

Place of Business, Mulberry St *Address,* Own premises

James A Clements M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83357 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 2 1885

C

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estanny W. Norris

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 174 Bond

Cause of Death, First (Primary), Umbilical Hernia

Second (Immediate), Inflamation of Bowels

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2nd/85

Undertaker, W. W. Maddan

Place of Business, 46 East St

D. P. Hoffman M. D.
Medical Attendant.

Address, 279 West Hayden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83352 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine E. Smith

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months,* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 152 N. Edwd. St

Cause of Death, First (Primary), Abscess Tumor

Second (Immediate), Peritonitis

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2nd 1885

Undertaker, W. F. Madden

Place of Business, 46 Eastern

H. L. Reese M. D.
Medical Attendant.

Address, 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83353 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, April 30th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Russell

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 3 ~~Years~~ ~~Months~~, ~~Days~~

Color, White

~~Married~~, *Single,* ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 24 Gilmor St

Duration of Residence in the City of Baltimore, Ever Since

Place of Death, {Give Street and Number.} 24 Gilmor St

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 1 1885

Undertaker, W H Shaw

Business, 19th Nr Pac

O V Valentine M. D.

Medical Attendant.

Address, 252 Hollins St

Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the person attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as known, the full name, sex, age, and condition (whether married or single) of the person deceased, and

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83357 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Goldman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 4 Months. Days

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 4 Yrs

Place of Death, {Give Street and Number.} 17 Armistead Lane

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Asthenia

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Oheb Shalom

Date of Burial, May 31/85

Undertaker, M. Goldman

Place of Business, 17 Armistead Lane *Address,* 213 Light St.

R. A. P. Ecce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83355 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. V. Curtis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, One *Months.* ~~Days~~

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 181 Hollins St.

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give Street and Number.} 181 Hollins St.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Convulsions

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 2nd 1885

Undertaker, Matthew Cadogan

Place of Business, 227 W. Pratt St

J. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 5554

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83356 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE, MD.

A

CERTIFICATE OF DEATH.

Date of Death, April 30th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Harriett Cole

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* ..... *Months,* ..... *Days,*

Color, black

Married, Single, Widow or Widower, { Cross out the word not required in this line. } widow

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Co Md

Duration of Residence in the City of Baltimore, 20 yrs.

Place of Death, { Give street and Number. } 150 N Carolina st

Cause of Death, First (Primary), Apoplexy

Second (Immediate),

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 2nd 1885

Undertaker Wm. H. Dunze

Place of Business, 1062 East st

M. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Pratt st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 8335 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAR 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Mar 1 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Smith

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 6 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Sing'l

Occupation —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, { Give street and Number. } 97 N. Calvert st

Cause of Death, First (Primary), Cerebro-Spinal Meningitis

Second (Immediate), (Inflammatory)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, Mar 3rd 1885

Undertaker John. N. McCay

Medical Attendant, M. B. Billingslea M. D.

Place of Business, 27 N. Paca st *Address,* 228 E. Preston st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83358

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Agustus Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* ——— *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Balto Inc

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 30 Courtland St

Cause of Death, {First (Primary,) Pneumonia
Second (Immediate,)}

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 4 1885

Undertaker, Maryan Pye

Place of Business, 9 Mulberry St

Thos J Ware M. D.
Medical Attendant.

Address 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83359 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Maguire

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 64 *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 15 Years.

Place of Death, {Give Street and Number.} 163 Pattison Ave

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), ———

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 3d 1885

Undertaker, E Murphy & Co

Place of Business, 298 Lemmon Ave *Address,* 193 Pratt St

G W Ames *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83360 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 3 1893
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1893

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lottie E. Smith

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* Jan *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 416 Cary st.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 416 Cary st

Cause of Death, First (Primary), Pneumonia Lobar

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 3rd

Undertaker R. A. B. Smith

Place of Business, 416 Cary St

Silas Baldwin M. D.
Medical Attendant.

Address, 182 Lanvale

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83561 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 2 1883 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 2nd 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lena Brendel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 2 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long to the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and Number.} 253 Charles

Cause of Death, First, (Primary,) Marasmus

Second, (Immediate,) asthenia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial. May 3th 1883

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts

Geo. A. Krauss M. D.,
Medical Attendant.

Address, 216 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83362 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 2 1885

CERTIFICATE OF DEATH.

Date of Death, May 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah Butler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} no 6 Carlton

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Asphixia

Duration of Last Sickness, about ten minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3d 1885

Undertaker, Wm H Kennedy

Place of Business, Manchester St

M. D.

Medical Attendant.

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8236 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE

Date of Death, May 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie L. Castle

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 10 months *Years,* *Months.* *Days*

Color, Colored

Married, Single, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 10 months

Place of Death, {Give Street and Number.} 103 Saratoga St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Ver Cemetery

Date of Burial, May 3rd 1885

Undertaker, Saml W Chase

Place of Business, 198 S. Howard St

J. J. Kaufmann M. D.
Medical Attendant.

Address, 612 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 833624 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Thomas

~~Sex,~~ *Male* ~~or Female~~. {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days,*

Color, Colored

Married. Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death. {Give street and Number.} No 52 Mulberry St

Cause of Death. First (Primary), Pneumonia

Second (Immediate), Convulsions.

Duration of Last Sickness, ~~One week~~ Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 3rd 1885

Undertaker Danl W. Chase

Place of Business, 128 E. Howard St *Address* No 58 N Liberty St

H Holtzer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 8336 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rochen Weisenbach

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age 76 *Years,* x *Months,* x *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give street and Number.} 334 n Eden Street

Cause of Death. First (Primary), Marasmus

Second (Immediate), congestion of lungs

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Layed in H. Cemetery

Date of Burial, May 2

Undertaker Laude Meese

Place of Business, 28 d Wayne Ave

A Friedenwald M. D.
Medical Attendant.

Address, 88 n Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83366 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, May 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christian Shaver

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 1 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 287 Alice Ann st.

Cause of Death, First (Primary), membranous Croup

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th 1885

Undertaker Peter Torsey

Place of Business, 91 Eastern ave

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83367 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 2 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 62 *Years,* — *Months,* — *Days*

Color, white -

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Brass-Moulder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 5-5-4 -

Place of Death, {Give Street and Number.} 7 Constitution 4 -

Cause of Death, First (Primary), Pleuro-Pneumonia

Second (Immediate), asthenia

Duration of Last Sickness, 2 hours. (about)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

D Sheets M. D.

Medical Attendant.

Address, 1409 E. Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 53368 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi (Levi)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 hours *Days*

Color, Jr Latin

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 29 Hamburg St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 3rd 1885

Undertaker, Armstrong & Lemmy

Place of Business, 262 E Pratt

Edward Cook M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83369 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, April 29th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Kotz (Kotzenreuther)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 35. *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Brakeman B&O R.R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 17 years

Place of Death, {Give Street and Number.} Hopper Yard B&O RR Co Second Point

Cause of Death, First (Primary), Accident,

Second (Immediate), Crushed between Cars while in act of Coupling same

Duration of Last Sickness, [illegible]

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, May 3rd 86

Undertaker, G. Pfrance

Place of Business, Gaulx & Wolfe *Address,* [illegible]

Dr. Becker M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83370

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83370 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1885

CERTIFICATE OF DEATH.

Date of Death, 2 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Hirsch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 21 Eutaw Place

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, Been helpless two years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 4 the

Undertaker Andrew Rohde

Place of Business, 45 Penna Ave *Address,* 59 N. Fayette st.

J. Lee Hird *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

SAFETY FILM

No. 3371

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8337/ *Office of Registrar of Vital Statistics.* Ward 18th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, 3 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fritz Kaum

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* 9 *Months,* 11 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} N.W. Corner Lb N.r i near Washington Av.

Cause of Death, First (Primary), Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, 5 May 1885

Undertaker, Andrew Knell

Place of Business, 204 Columbia Av. *Address,* 205 W Lombard Street

Dr. F. Reinhard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83397 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Fleishes

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 111 S. Sharp St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Dub Sholam H. Cemetery

Date of Burial, May 4 Record Office M. D.

Medical Attendant.

Undertaker, Jacob Sprecher

Place of Business, 28 Hugh St *Address,* 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83373 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 3d May 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Emma J. Dolman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 25 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation Lady

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Alexandria Va

Duration of Residence in the City of Baltimore, 13 years

Place of Death, { Give street and Number. } 136 Camden St.

Cause of Death, First (Primary). Cerebro spinal Meningitis

Second (Immediate).

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 5th

Undertaker W. L. N. Ford

Place of Business, #131 Hanover St. *Address,* 574 W. Fayette

John Ford M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 33714

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 833714 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary A. Ivers

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* — *Months,* — *Days,* 1

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dayton Ohio

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give street and Number.} 139 S Canover St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 2 years

the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 4th

Undertaker F. N. Troll

Place of Business, 131 Hanover St. *Address,* 144 Hanover

Geo. H. Fowler
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83375 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1885

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Charlotte Plunkett

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 44 *Years,* 8 *Months.* *Days*

Color, white

Married, ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Jamesville Ohio

Duration of Residence in the City of Baltimore, About eleven years

Place of Death, {Give Street and Number.} 528 N. Gilmor

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Pneumonia. Exhaustion

Duration of Last Sickness, Four days Pneumonia Several years Phthisis

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, May 5/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

H. Courtland Shera M. D.
Medical Attendant.

Address, 189 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83376 *Office of Registrar of Vital Statistics.* Ward 13 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 4 1885

C

CERTIFICATE OF DEATH.

Date of Death, May 20 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jessie Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 408 W. Lombard St

Cause of Death, First (Primary), Pulmonary Phthisis & lateral Typhoid Symptoms

Second (Immediate), Congestion of Brain

Duration of Last Sickness, Four (4) Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 4

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

D L Spicer M. D.
Medical Attendant.

Address, 387 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83377 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 4 1885

CERTIFICATE OF DEATH.

Date of Death, May 2 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael J. Elwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 93 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Election District Baltimore Co.

Duration of Residence in the City of Baltimore, Twenty Years

Place of Death, {Give Street and Number.} 397 Mosher St

Cause of Death, First (Primary), Old age

Second (Immediate),

Duration of Last Sickness, Eight weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 4th 1885

Undertaker, H. H. Cook

Place of Business, 707 W Baltimore *Address,* Woodberry Balto Co.

R. E. Jones M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 6

Permit No. 83378

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT BALTIMORE, MD. MAY 4 1885

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, May 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J Eck

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, ~~One~~ *Years,* Ten *Months,* ~~____~~ *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number} No 102 Jefferson St.

Cause of Death, First, (Primary,) Teething

Second, (Immediate,) Convulsions

Duration of last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemeteries

Date of Burial, May 5th

Undertaker, George Schilling

Place of Business, Ashland Square

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83379 *Office of Registrar of Vital Statistics.* Ward 3 L

LIBRARY DEPARTMENT OF HEALTH MAY 4 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Jones

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 118 S. Eden St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 5th 1885

Undertaker, Fred Gaede

Place of Business, 29 E. Baroline St

C. A. Lentz M. D.
Medical Attendant.

Address, Balt & Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83380 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 1 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sol! Bedford

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days* 1

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md. —

Duration of Residence in the City of Baltimore. 25 yrs.

Place of Death, {Give Street and Number.} 200 Stirling St.

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), —

Duration of Last Sickness, Sick for two weeks — but died suddenly

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 4th 1885

Undertaker, Sol. H. Chase

Place of Business, 198 E. Howard St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner's Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83381

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83381 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 4 1885 BALTIMORE MD.

74

CERTIFICATE OF DEATH.

Date of Death, April 30

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sylvester Fauntleroy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 26 yrs *Years,* *Months,* *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} St. Joseph's Hospital

Cause of Death, First (Primary), Arteriosclerosis Heart.

Second (Immediate),

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, May 1st 1885

Undertaker, Geo Rinehart

Place of Business, Forest Place *Address,* St. Joseph's Hospital

F. N. Mead M. D.
per J.R.F. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

16 cc
83

Permit No. 83382

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT, MAY 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 2d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Langley

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days.*

Color, Colored *Sex,* Male

~~Married, Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, None.

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 165 Dover St

Cause of Death, First (Primary,) Pulmonary Phthisis

Second (Immediate,)

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial May 4 1885

Undertaker, Herculer Ross

Place of Business, 95 Low Pratt *Address* 385 W Fayette St Balto Md.

A M Carlin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty [illegible] who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish [illegible] hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate [illegible] as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and date of death, except in cases of births and deaths of illegitimate children.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83383 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Carney Sr

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Watchman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 16 Fort Ave

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate),

Duration of Last Sickness, Seized with Paralysis 7 days ago

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 6th 1885

Undertaker, Hen. Jenkins & Son

Place of Business, Park & Saratoga Sts.

Edw F. Michael M. D.
Medical Attendant.

Address, 283 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

13"

Permit No. 83384

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

C

Date of Death, May 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredrick Wm. Hoodhoff

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 64 *Years,* 9 *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Foreman Piano Factory

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Frisedt – Germany – (35 yrs

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and number} 321 Lexington St

Cause of Death { First, (Primary,) Paralysis / Second, (Immediate,) " }

Duration of last Sickness, Many Months.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 5th 1885

Edw. McCaffrey M. D.
Medical Attendant.

Undertaker, H. W. Jenkins Sons

Place of Business, Park & Saratoga Sts *Address,* 328 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83385 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH DEPARTMENT BALTIMORE MAY 1 1885 REGISTERED

CERTIFICATE OF DEATH.

Date of Death, May 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irena Hicks

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 22 *Years,* — *Months,* *Days*

Color, colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert co. Md.

Duration of Residence in the City of Baltimore. 5 years

Place of Death, {Give Street and Number.} 141 Vincent alley

Cause of Death, First (Primary), Charge of an abortion

Second (Immediate), Inquest & Post Mortem made to be

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cemetry

Date of Burial, May 4th 1885

Undertaker, J. F. Locks

Place of Business, 73 Jefferson

Wm A. Innes M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hallii el city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83386 *Office of Registrar of Vital Statistics.* Ward 12t

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lottie McCausland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~42 S. Pats~~ City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 42 S. Paterson Park Ave.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, Dont Know, I attended eleven days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 4, 1885

Undertaker, M. A. Dayn

Place of Business, 74 S. Broadway

E. P. Burns M. D.
Medical Attendant.

Address, 375 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8388 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE MAY 4 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emil Meyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months.* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 3 weeks

Duration of Residence in the City of Baltimore, 3 weeks

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Scarlatinal Nephritis

Second (Immediate), Coma (Uraemic)

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 4th 86

C. W. Mitchell M. D.
Medical Attendant.

Undertaker, H. E. Saunders & Son

Place of Business, 252 Caton Av. Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83386 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 4 18

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 3/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Peter Leo Freburger

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days.*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give street and number.} Johns near Clement

Cause of death, First, (Primary,) Scalatina Anginosa

Second, (Immediate,) asphyxia

Duration of Last Sickness, four days

All the above information should be furnished by the Physician.

Place of Burial, A. Fitters

Date of Burial, May 3

Undertaker, B. Hurle

Place of Business, 92 West St

L. B. Pacetti M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 15th

Permit No. 83389

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 4 1885

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Bryant

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 2 Plum Alley

Cause of Death, First (Primary), Phthisis

Second (Immediate), asthenia

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 5th 1885

Undertaker, Henry Euler Son

Place of Business, 95 Low Light St

C. E. Boyer M. D.
Medical Attendant.

Address, 21 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83390

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83390 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 4 1885 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, 4 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gustav Hennighausen

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, — *Years,* — *Months,* 7 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} W Lombard St 214

Cause of Death, First (Primary), Weakness

Second (Immediate), —

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, 6 May 1885

Undertaker, Philip Seewald

Place of Business, 35 S Eutaw

L F Reinhard M. D.
Medical Attendant.

Address, 291 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83391 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE MAY 4 1885

Date of Death, May 3rd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda B King

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 6. *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, — — House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys County Md

Duration of Residence in the City of Baltimore, 4 Years

Place of Death, {Give Street and Number.} 171 N Wolfe St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, St Marys Co Md

Date of Burial, May 5th 85

Undertaker, Wm S. Fry

Place of Business, 57 N Broadway

Thos J Simms M. D.

Medical Attendant.

Address, 242 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3703 Fremont

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83392 *Office of Registrar of Vital Statistics.* Ward 37

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matilda Chaplain

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No. 143 South Dallas St

Cause of Death,
First (Primary), Cardiac dilatation
Second (Immediate), Angina Pectoris

Duration of Last Sickness, She died suddenly

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, May 4th

Undertaker, Wilson & Grace

Place of Business, S. Caroline St 1142 *Address,* 138 N. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No 83393

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83393 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

D

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1885 12.45 a.m.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k J. Battaner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 60 Saratoga St.

Cause of Death, First (Primary), Cerebral Hemorrhage

Second (Immediate), Hemorrhage into 4th Ventricle

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 6th 1885

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts.

Clark Van Bibber M. D.
Medical Attendant.

Address, 7 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8394

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8394 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Kotz

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 5 days in America

Duration of Residence in the City of Baltimore, 5 days

Place of Death, {Give Street and Number.} 9 Cutter st

Cause of Death, First (Primary), caught cold on Sunday

Second (Immediate), Pneumonia Congestion

Duration of Last Sickness, 5 days in all

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 4th 1885 E W Jarvis M. D.

Undertaker, Wm Sanders Jr Medical Attendant.

Place of Business, 582 Gaither *Address,* 85 Caution st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83395 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Davis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 25 *Days* 1

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, 25 days

Place of Death, {Give Street and Number.} 105 Welcome Alley

Cause of Death, First (Primary), —

Second (Immediate), Pneumonia

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1885

Undertaker, Wm H Shaw

Place of Business, 198 S Howard St

Sam'l Bell M. D.

~~Medical Attendant~~ Coroner

Address, 101 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83396 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 4 18[illegible] BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Stewart

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 16 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} no 402 ~~Front~~ Parish alley

Cause of Death, First (Primary), ...

Second (Immediate), Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5th 1885

Undertaker, Saml H Chase

Place of Business, 195 S. Howard St

Dr C Harned M. D.
Medical Attendant.

Address, Cor Lafayette Ave & St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 8339 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, Died May 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Espel

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 28 *Years,* 8 *Months,* 7 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Harrietta Pa

Duration of Residence in the City of Baltimore, 4 weeks

Place of Death. {Give street and Number.} 9 Nicholson st Locust Point

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Marietta Pa.

Date of Burial, May 5th 1885

Undertaker H. Sanderson

Place of Business, 252 Canton Av.

P. S. Daniel M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

3205 Fraser

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83398 *Office of Registrar of Vital Statistics,* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 5 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Hickey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balt~~ Washington

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 126 N. Front St

Cause of Death, First (Primary), Intestinal Inflammation

Second (Immediate),

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 5th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Guilmour

Chas F. Mulholland M. D.
Medical Attendant.

Address, 283 N. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83399 *Office of Registrar of Vital Statistics.* Ward 3 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} J Linden O'Leary

Sex, Male ~~*or Female.*~~ {Cross out the word not required in this line.}

Age, 18 *Years,* *Months.* 21 *Days,*

Color, White

~~*Married.*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Clerk

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 253 East Fayette St

Cause of Death. First (Primary). Hereditary

Second (Immediate). Consumption or phthisis

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 5, 1885

Undertaker H. A. Baign

Place of Business, 74 S. Bway.

Milton T. Taylor M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 034-00

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83-400 *Office of Registrar of Vital Statistics.* Ward, 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

74

CERTIFICATE OF DEATH.

Date of Death, May 3/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* —— *Months,* —— *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Septicemia

Second (Immediate), Erysipelas.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae.

Date of Burial, May 5/85

Undertaker, Robt. Robertson

Place of Business,

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83401 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Donahoe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 114 N Calvert

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, May 6th 1885

Undertaker, Peter Garvey

Place of Business, No 158 N Calvert *Address,* 158 N Calvert St

Geo B Kyner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83402 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 5 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph P. Power

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Saloon Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 120 East Eager St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 6 1885

Undertaker, Jacob Byrne

Place of Business, 63 Fremont *Address,* Gorsuch & Frank

John Hemmeter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83403 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *Accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Julia A Robinson

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 66 *Years,* — *Months,* — *Days,*

Color, wh

Married, ~~*Single,*~~ *Widow or Widower,* { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give street and Number. } 67 So Broadway

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Apnoea

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 6th 1885

Undertaker Denny & Mitchell

Place of Business, 65 & Broadway

C. B. Gilbert M. D.
Medical Attendant.

Address, 54 So Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 8 34104

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83404 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Warfield

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 0 *Months,* 1 8 *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow*~~ or ~~*Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 222 Vine St

Cause of Death, {First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W Put Cemetery

Date of Burial, April 5th 1885

{*Undertaker,* J. Kerchner

Place of Business, Arlington Ave *Address,* Cum Home & A

James H Clemm M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts S. Insp'ector

No. 0 34405

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83405 *Office of Registrar of Vital Statistics.* Ward 12

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 3 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James B. Knight

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 4 *Months,* — *Days*

Color, Col.

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Carroll Co Md.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give Street and Number.} 138 N. Pulton St

Cause of Death, {First (Primary),

{Second (Immediate), Consumption

Duration of Last Sickness, one Year

All the above information should be furnished by the Physician.

Place of Burial, Union Town Carroll County Md

Date of Burial, May 5 85

Undertaker, Stuart Mowen } Thomas H Stevens M. D.

Place of Business, } *Address,* Commissioner of Health & Registrar

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo E Brown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83406 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Son of James + Annie Jones.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About five months *Years,* *Months,* *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 138 Hanover St.

Cause of Death, First (Primary), Convulsions ~~Convulsions~~

Second (Immediate), Asthenia.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 1885

Undertaker, Hercules Ross

Place of Business, 95 Car Hayst *Address,* 216 Shub St.

W. S. Bond M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

ETY ▲ FILM ■ ▲

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8340 7 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Richard Gentley

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} Clarke Gilbert Low & Douglass Sts

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 5 [redacted]

Undertaker, Krug & Wm N.

Place of Business, East St.

Thos A Evans M. D.

[redacted]

Address, Camp Below

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Entry

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Jas [redacted] Fitzpatrick Sanitary Inspector

No. 83408

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83408

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH
MAY 5 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mary E Trax

Sex, Male or Female, { Cross out the word not required in this line. } Female.

Age, 49 *Years,* — *Months,* — *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married.

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore Md.

Duration of Residence in the City of Baltimore, 49 years.

Place of Death, { Give street and number. } 250 Chew St

Cause of Death, { First (Primary,) Carcoma / Second (Immediate,) Hemmorhage.

Duration of Last Sickness, Four months.

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetry

Date of Burial, May 6 1885

Undertaker, John W. Jackson

Place of Business, Gay & Cardmist

J. M. Goodall M. D.
Medical Attendant.

Address 23 S. Broadway.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 03409

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83409 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 5 1885
BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 4 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Simon

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cigar-Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} 70 Grayley St

Cause of Death, First (Primary), Hydropericardium

Second (Immediate), Apnoea

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Lemetz

Date of Burial, May 6

Undertaker, Wendell Dyer

Place of Business, ... *Address,* 2344 E. Balto

G. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 3410

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83-410 *Office of Registrar of Vital Statistics.* Ward 5-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Hill

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days*

Color, Black

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Janitor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 153 Low st

Cause of Death, First (Primary), Brights Dis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 6 1885

Undertaker, William A. Singer

Place of Business, 62 East St

Frank C. Brashears M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[ov

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83411 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Matthew Lawkins

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 7 Months. Days

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Patterson Park Avenue No. 3.

Cause of Death, First (Primary), Acute Bronchitis

Second (Immediate), Acute Pneumonia

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury wesleyan cemetery

Date of Burial, May 6th 1885

Wm. E. Russell M. D.
Medical Attendant.

Undertaker, Wm. T. Dunger

Place of Business, 62 East St. *Address,* 238 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83412 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sarah Owens

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, ~~~~ *Years,* ~~~~ *Months,* ten *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ~~~~

Occupation, ~~~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 10 N Bruce St

Cause of Death, First, (Primary,) Inanition

Second, (Immediate,) Lifetime

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial. May 6 1885

Undertaker, Wm. Paul Jr.

Place of Business, 62 East St

J. C. Elmer M. D.,
Medical Attendant.

Address, 41 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83413 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PHYSICIAN'S CERTIFICATE.

REGISTRAR'S OFFICE MAY 5 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Rowland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 3 *Months,* — *Days*

Color, white

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 366 East Pratt St

Cause of Death, First (Primary), Diphtheritis

Second (Immediate), Cardiac Paralysis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Samuel Cem.

Date of Burial, May 6/85

Undertaker, W. A. Sayer

Place of Business, 748 S Broadway Address, Bond & Grace Sts

Jos Cummings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 834144

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 834144 *Office of Registrar of Vital Statistics.* Ward 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Schultheis

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 31 years ~~Years~~, *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Can Maker.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 31 yrs.

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 1/2 yrs.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 6th

Undertaker, H. Schultheis

Place of Business, 261 E Monument St. *Address,* 188 N Calvert St.

Oscar J. Cookings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83413

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83415 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Heppela

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 84 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, ~~[illegible]~~ 52 years

Place of Death, { Give street and Number. } 287 N. Carrollton ave

Cause of Death, First (Primary), old age

Second (Immediate). " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 6th 1885

Undertaker D. Emy & Milton

Place of Business, 580 W Fayette St *Address,*

James Bacon M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8314/6 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after ~~the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 18

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johann Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months.* *Days*

Color, white

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 1/2 year

Place of Death, {Give Street and Number.} N. 28 Patterson ave

Cause of Death, First (Primary), most probably cancer of Stomach

Second (Immediate),

Duration of Last Sickness, 1/2 year

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 7.

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

J. Mulzer M. D.
Medical Attendant.

Address, 169 N Charles

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 83417

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83417 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPT MAY 5 1885 BALTIMORE MD

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Wm Mack

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 17 W Chase

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 17 W Chase

Cause of Death, First, (Primary,) Diptheria

Second, (Immediate,)

Duration of Last Sickness, 2 wks

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 6/85.

Undertaker, Chas. F. Scriven

Place of Business, 271 N. Eutaw Address, 157 Park

W D Booker M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

...day of ... week. 83418

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83418 *Office of Registrar of Vital Statistics.* Ward 3 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Ann Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, White

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 102 N. Eden St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Dropsy (General)

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 7th

Undertaker, George Schilling

Place of Business, Pikland Square

Francis A. Sauer M. D.
Medical Attendant.

Address, 105 W. Central Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83419 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Means

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 35 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Police Officer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 125 N Sheridan Ave

Cause of Death, First (Primary), Cancer of throat

Second (Immediate), Exhaustion

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 6th 1885

Undertaker, Embry & Bittinger

Place of Business, 330 W Fayette St *Address,* 319 N Bolton St

James Bosley *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8342[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83420 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, May 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Frank Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* 4 *Months,* ~~~ *Days*

Color, ~~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 48 Temple St.

Cause of Death, First (Primary), Bronchial

Second (Immediate), Catarrh

Duration of Last Sickness, One Week.

All the above information should be furnished by the Physician.

Place of Burial, Asbury Cemetery

Date of Burial, May 6th 85

Undertaker, Mr. Dungee

Place of Business, East St

Thos A Shaw M. D.

~~Medical Attendant.~~

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sec 6

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Lt C. Fitzpatrick. Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83421

Office of Registrar of Vital Statistics.

12

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harriet Anne Ray,

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* ~~*Months,*~~ ~~*Days.*~~

Colored

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Domestic

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Calvert Co Md,

Duration of Residence in the City of Baltimore, 20 years-

Place of Death, {Give street and number.} 25 Oxford Al-,

Cause of Death, First, (Primary.) Septicaemia consequent upon Gastric Malad

Second, (Immediate.) Exhaustion

Duration of Last Sickness, Has been sick more or less for 4 months, & confd to bed for 3 or 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Straight Meeting

Date of Burial, May 6 1885

Undertaker, S W Chase

Place of Business, 192 Howard St

Jno. T. Jay, *M.D.,*
Medical Attendant.

Address, 75 Franklin St-,

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83422 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Goldsborough

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 54 Years

Place of Death, {Give Street and Number.} 97 Fort av

Cause of Death, First (Primary), Acute Phthisis

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery L. P.

Date of Burial, May 6, 1885

Undertaker, Henry McGinnis

Place of Business, 44 N. Central Av *Address,* 110 Fort av

O. A. Cooke M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the Table of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83423

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. MAY 6 1885

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Dobbis

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Sailor

Birthplace, {State or country, (and how long in the United States if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give street and number} 1114 S Caroline Street

Cause of Death, First, (Primary,) ..... Second, (Immediate,) Cerebral Congestion

Duration of last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Barney Prot C

Date of Burial, May 7th

Undertaker, W. Leippert

Place of Business, 151 S Bond St

E Hall Rutter M. D. Medical Attendant. Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 83424

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 12th

Permit No. 83424 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 6 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillis Chamberlain

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 63 *Years,* *Months,* *Days*

Color, Col

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Shore of Maryland

Duration of Residence in the City of Baltimore, Several years

Place of Death, {Give Street and Number.} 4 Oxford St

Cause of Death, First (Primary), ~~Old Age~~ ?

Second (Immediate), Meningitis

Duration of Last Sickness, ~~Old~~ Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Centreville Md

Date of Burial, May 7 1885

Undertaker, A. Z. Kennedy

Place of Business, Mordecai St

J. E. Atkinson M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3707 Hanover

...ience 1881 No. 83425

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83425 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 4, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amos Gantt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 32 *Years,* *Months,* ✓ *Days*

Color, C

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Truckster

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anamdel Co. Md

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} #150 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Pthisis Pulmonalis

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 7 1885

Undertaker, Ref Holmes

Place of Business, 116 Orchard St

C. N. Nelb M. D.
Medical Attendant.

Address, 306 N. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83426

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Forsyth

Sex, ~~Male or~~ Female, {cross out the word not required in this line.} Female

Age, 18 *Years,* ——— *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State of country, (and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, Ten weeks

Place of Death, {Give street and number} 93 Druid Hill ave

Cause of Death, First, (Primary,) Typhoid Pneumonia

Second, (Immediate,)

Duration of last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, May 7th 1885

Undertaker, J. J. Andrews

Place of Business, No 46 & 6 Druid Hill Ave

J. Ginglinger M. D.
Medical Attendant.

Address, 152½ N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8342 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Plowman

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give Street and Number.} 54 Portsmouth

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 7th 1885

Undertaker, John S. Mackin

Place of Business, No 150 Camden St

Howard Cortes M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

(14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83428

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} — Charles H. Barlage

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* 3 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 days

Place of Death, {Give street and number.} 217 N. Fremont St.

Cause of Death, First (Primary,) Contus Complication not determined

Second (Immediate,) Convulsions Trismus

Duration of Last Sickness, ...

All the above information should be furnished by the Physician

Place of Burial, Mt Olivet Cem

Date of Burial, May 6 1883

J. N. Scarff M. D.
Medical Attendant.

Undertaker, A Korenberg

Place of Business, 70 Hanover St

Address 777 N. Centre St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

day of each week.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83429

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Clifford

Sex, Male or Female, {cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Superintendt of Grave Yard.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Ireland — 20 yrs.

Duration of Residence in the City of Baltimore, 12 yrs

Place of Death, {Give street and number} Calvt. Grave Yard.

Cause of Death First, (Primary,) Cirrhosis of Liver.

Second, (Immediate,) Exhaustion.

Duration of last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 6/85

Undertaker, Chas. T. Scrivener

Place of Business, 271 N Eutaw

D. J. Delaney M. D.
Medical Attendant.

Address, Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his noti furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certific ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children,

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

No. 83430

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83430 *Office of Registrar of Vital Statistics.* **Ward** 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Olivia Watson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months.* ✓ *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Wheelwright.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Balto City~~ Ireland -

Duration of Residence in the City of Baltimore, 23 years -

Place of Death, {Give Street and Number.} 216 W. Pierce st.

Cause of Death, First (Primary), Laryngeal Phthisis.

Second (Immediate), Exhaustion -

Duration of Last Sickness, Don't Know - some months -

All the above information should be furnished by the Physician.

Place of Burial, ~~Loudon~~ WESTERN Park Cemetery

Date of Burial, May 6th/85

Undertaker, Matthew Cadogan.

Place of Business, 227 Mulberry Street

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Saturday of each week.

No. 83431

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83431 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Barbour

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* ✓ *Days*

Color, Negress

~~Married, Single,~~ Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Farm Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charles Co Md

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give Street and Number.} 1764 Jenkins Ave

Cause of Death, First (Primary), Old age

Second (Immediate), Debility

Duration of Last Sickness, 5 mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Burial

Date of Burial, May 7 1885

Undertaker, Morgan # Pye

Place of Business, 9 Mulberry st

W. M. Nelson M. D.
Medical Attendant.

Address, 1625 Ten Dun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...the Office where one issued Saturday of ea... No. 83432

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83432 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Colquytoun

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 1 Day

Color, ~~White~~ Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 48 Clifford St.

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, Shaw's Cemetery

Date of Burial, May 6th 1885

Undertaker, Hercules Roes

Place of Business,

James A Steuart M. D.
Medical Attendant.

Address, Commiss of Health

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Corouer, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John Mc. DeGoey Sanitary Inspector

No 53433

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83433 *Office of Registrar of Vital Statistics.* **Ward** 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Lauer

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 4 *Years,* —— *Months,* — *Days*

Color, White

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 77 Mockbee

Cause of Death, First (Primary), Diphtheria ruptured

Second (Immediate), Paralysis cordis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery.

Date of Burial, May 6th 1885

Undertaker, Wm Nicholaus

Place of Business, 263 Alice Anne. *Address,* 245 S. Bond ave.

J. Latimer M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 83434

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83434 *Office of Registrar of Vital Statistics,* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out,* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6 = 85

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Jane Tuckerman

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 62 *Years,* — *Months.* — *Days.*

Color, White

~~Married, Single, Widow or~~ *Widower,* {Cross out the word not required in this line.}

Occupation Tailoress

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Queen Anne Co Md

Duration of Residence in the City of Baltimore, 5 years

Place of Death. {Give street and Number.} Church Home, Asylum & Broadway

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 7. 1885

C. O. Gavin M. D.
Medical Attendant.

Undertaker Henry Wm Jones

Place of Business, ~~No~~ 8 N. Central Ave *Address,* Church Home, Asylum & Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 83435

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83435 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Dacon

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 32 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.} —

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 151 Orleans St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Debility

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 7th 1885

Undertaker, Chandler & Conway

Place of Business, 200 Light St

H. P. Stolle M. D.
Medical Attendant.

Address, 30 Warren Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83436 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, April 5 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ribern Murphy

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 24 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Salem Co New Jersey

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} 174 Warren St

Natural

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 8" 85

Undertaker, Julius Koehler

Place of Business, Sharp & Cross

J. K. Wilson M. D.
Medical Attendant.

Address, 195 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Permits for Burials

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83437 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CHARLES PERKINS
MAY 7 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

C

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary B. Steinrodel

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 77 *Years,* — *Months,* 2 *Days*

V

Color, White

~~*Married, Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years,

Place of Death, {Give Street and Number.} 116 Frederick Avenue

Cause of Death, First (Primary),

Second (Immediate), Apoplexy 5 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London park Cem.

Date of Burial, May 8th 1885

Undertaker, John P. Pambo

Place of Business, #66 Gud Ave

H. H. Hebner M.D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

... to the Office ... Saturday of each week. No. 13430

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83438 *Office of Registrar of Vital Statistics.* Ward 9½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pat Henry Garvey Garvey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ... *Days*

Color, "

Married, Single, Widow or Widower, {Cross out the words not required in this line.} "

Occupation, "

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 158 N Calvert

Cause of Death, First (Primary), ...

Second (Immediate), Spinal Meningitis

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Cathedral Cemetery

Date of Burial, May 7th 1885

Undertaker, Peter Garvey

Place of Business, 158 N Calvert St *Address,* 73 Front

Holtzinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83439

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83439 *Office of Registrar of Vital Statistics.* **Ward** 7 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885 (Stevenson)

Full Name of Deceased, {Write legibly and spell correctly. If an Infant, not named, give names of parents.} Nellie C Stephenson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, [illegible] *Years,* [illegible] *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 227 Aliceanna St

Cause of Death, First (Primary), Syphthenitic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Sick two days died 4 hours after I saw her

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May the 7th

Undertaker, Wellington & Schmidt

Place of Business, 263 Eager St

Irving Keller M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Permits [illegible] to the Office whence issued Saturday of each week.

No. 83440

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83440 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. 77

Date of Death, May 6 /85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adam Lipps

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germanie

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary), ...

Second (Immediate), old age

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, May 7, 1885

Undertaker, Henry Heuk

Place of Business, 209 Central ave *Address,* 23 Valley

F. Adams M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83441

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83441 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE MD. MAY 7 1885

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Earle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 34 *Years,* ——— *Months,* ——— *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Street Paver.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 34 Years

Place of Death, {Give Street and Number.} No 18 N Chapel Street.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Apnoea

Duration of Last Sickness, Four Days

All the above information should be furnished by the Physician.

Place of Burial, Kohlenberger Cem

Date of Burial, May 7, 1885

Undertaker, Henry Hoerth

Place of Business 309 Central Ave *Address,* 256 N. Eden St.

John Pickel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83,464 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, MAY 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Taylor

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} ~~Irish~~ Ireland

Duration of Residence in the City of Baltimore, ~~58~~ 30 years

Place of Death, {Give street and Number.} Lying Women's Home

Cause of Death, First, (Primary,) Cerebral Heart Disease

Second, (Immediate,)

Duration of Last Sickness, Not known

All the above information should be furnished by the Physician.

Place of Burial Loudon Park

Date of Burial, 9th May

Undertaker, Fairbank 47th Jenkins & Sons

Place of Business, Park & Saratoga Sts. *Address,* 1 Waverly Terrace

Geo H Capsto M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

FETY ▲ FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

(2

OFFICE OF REGISTRAR OF VITAL STATISTICS.

HEALTH DEPARTMENT BALTIMORE

Permit No. 83443

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, May 6. 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Richard Pickney

Sex, Male ~~or Female,~~ { cross out the word not required in this line. }

Age, 46 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Sailor

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Genoa

Duration of Residence in the City of Baltimore, Last years Died at

Place of Death, { Give street and number } Gen Board Retreat Steamboat Ash Brook & Fleet

Cause of Death, First, (Primary,) Heart Dilatation

Second, (Immediate,)

Duration of last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Germain Cemetery

Date of Burial, 7th May

Undertaker, [illegible]

Place of Business, 752 [illegible]

Hall Richards M. D.

~~Medical Attendant~~ Coroner

Address, 18 Augusta Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

KODAK SA

Office where issued. Saturday of each week. No. 8 34444

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83444 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Otter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 67 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Lancaster Co Penn

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 26 South Gilmore St

Cause of Death, First (Primary), Haemoplegia

Second (Immediate), Exhaustion,

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 8/83

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* 26 S Paca

A H Emmy M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83445

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83445 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 7 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1883.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } R. W. Harwood

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 3 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation "

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, { Give street and Number. } 147 Lindsin Ave.

Cause of Death, First (Primary), Scald

Second (Immediate) "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Western

Date of Burial, May 7

Undertaker C. W. Blizzard

Place of Business, 201 Penn

J. A. Christian M. D.
Medical Attendant.

Address, 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.

Keepers of [illegible] 3446

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 3446 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Reynolds

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* three *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Back City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 29 So Johnson St

Cause of Death, First, (Primary,) ———

Second, (Immediate) Membranous Croup

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Oliver

Date of Burial, May 7th

Undertaker, Joseph B Cook

Place of Business, Baltimore St

J. B. Shinn M. D., Medical Attendant.

Address, 41 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83447 *Office of Registrar of Vital Statistics.* **Ward,** 17

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 7/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mich. A. Slest

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 17 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 1 Lebenon St. Lt Pl.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaelis. Ground

Date of Burial, May 9/85

Undertaker, A. A. Dayer

Place of Business, 74 S. Bury

R. W. Mansfield M. D.
Medical Attendant.

Address, 512 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83448

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83448 *Office of Registrar of Vital Statistics.* **Ward** 9th

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred Wilbon Stratton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, ~~Merchant~~ —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, 13 Yrs —

Place of Death, {Give Street and Number.} 66 N Liberty St

Cause of Death, First (Primary), Bright Disease

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 8 '85

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

H. H. Orrick M. D.
Medical Attendant.

Address, 185 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83449

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83449 *Office of Registrar of Vital Statistics.* Ward 5 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT THIS OR OTHER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Philip

Sex, Male or Female. {Cross out the word not required in this line.} Male

Age, Two *Years,* One *Months,* 20 *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Two Years

Place of Death. {Give street and Number.} 86 East St.

Cause of Death. First (Primary). Diarrhoea

Second (Immediate). Tabes Mesenterica.

Duration of Last Sickness, 2 month's.

All the above information should be furnished by the Physician.

Place of Burial, Oheb Sholam Cemetery,

Date of Burial, May 7 M. Schurman M. D.

Medical Attendant.

Undertaker Wm Eilau

Place of Business, 101 Keough *Address,* 145 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

...83450

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83450 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 6, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herman Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* 5 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 706 W Fayette near Mc Henry

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Congestion of Brain & dch o

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Howard Co Md.

Date of Burial, May 8th 1885

Undertaker, Ph. J. Dill & Son

Place of Business, 183 Columbia Ave

James Bailey M. D.
Medical Attendant.

Address, 319 Hallam st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore and make returns of all ... to the Office ...

No. 83451

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83451 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Maggie Gaecklein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, *Years,* *Months,* 17 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give Street and Number.} 88 Hanbert st

Cause of Death, First (Primary), meningitis

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, H. Olivet

Date of Burial, April 8

Undertaker, B. Hasel

Place of Business, 82 West St

P. E. Lauahrin M. D.
Medical Attendant.

Address, 325 E. Balto st,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will imp

No. 83452

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83452 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Burns

~~*Sex*~~, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 6-10 Ks

All the above information should be furnished by the Physician.

Place of Burial, E. Public Ang

Date of Burial, May 7/1885

Undertaker, Geo Ruckert

Place of Business, Forest Place

E Van Stort M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make ... No. 8 9 4 5 3

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8 3 7 5 8 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 7 1885 BALTIMORE, MD.

Date of Death, May 6. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Brown

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.} Male

Age, 55 *Years,* ..... *Months,* ..... *Days,*

Color, col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the word not required in this line.} V

Occupation, Labourer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give street and Number.} 39 N Spring St

Cause of Death, First, (Primary,) Pneumonia.

Second, (Immediate,) .....

Duration of Last Sickness, 6 days.

All the above Information should be furnished by the Physician.

Place of Burial, Dorchester co Md

Date of Burial, May 8 1885

Undertaker, William N Longe

Place of Business, No 62 East St

E J Way M. D.,
Medical Attendant.

Address, 19 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

3709 Frankst

Keepers of Cemeteries in City of Baltimore will make returns of all ... Saturday of each ... No. 83454

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 83454 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *carefully filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 7" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Geo A Vedders

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 4 *Years,* 6 *Months,* ... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ...

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth} Balt Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give street and Number.} 79 Parkin St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial Western Cemetery

Date of Burial, May 8 85

Undertaker W. Fechner

Place of Business, 6 & Eutaw *Address* 36 Columbia Ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83455

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83455 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Harris / Henry Harris Parents

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* *Months.* 9 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, lifetime

Place of Death, {Give Street and Number.} No 17 Norris alley

Cause of Death, First (Primary),

Second (Immediate), Inanition

Duration of Last Sickness, one week

All the above information should be furnished by the ~~Physician.~~

Place of Burial, New Cathedral

Date of Burial, May 8/1885

Undertaker, Henry Harris

Place of Business, 17 Norris alley *Address,* Lafayette ave & Sa

M. K. Warner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make return [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83456 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah J Shaw

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* — *Months,* — *Days*

Color, Colored

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 63 Orchard St

Cause of Death, First (Primary), Cancer of Breast

Second (Immediate), " "

Duration of Last Sickness, 10 or 12 yrs since first appearance ill 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Sharpest

Date of Burial, May 10

Undertaker, A Sheemley

Place of Business, 11 Orchard

Eldridge L Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83457

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83457 *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Darius F Sonner.

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 61 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Merchant.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Connecticut

Duration of Residence in the City of Baltimore, 40 yrs.

Place of Death, {Give street and Number.} 109 N Carrollton Av

Cause of Death, First (Primary), Bright Disease,

Second (Immediate), Uraemia

Duration of Last Sickness, 3 Months.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, May 10th 1885

Chas D Pennington M. D.
Medical Attendant.

Undertaker F. Lebon Schaefer

Place of Business, 109 W. Fremont St *Address,* 134 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all ... each week. 83438

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83458 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, May 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Moore

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 7 mo *Years,* ... *Months,* ... *Days*

Color, ed

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 10 years

Place of Death, {Give Street and Number.} 138 orchard St

Cause of Death, First (Primary), Brights Disease of Kidneys

Second (Immediate), " " " "

Duration of Last Sickness, 10 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, May 9 1885

Undertaker, Margaret Rye

Place of Business, c/o 9 Mulberry St

D D Browne M. D.
Medical Attendant.

Address, 307 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials, to the Office ... week.

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83459 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Key

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* ——— *Months,* ——— *Days*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 10 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Chronic interstitial nephritis

Second (Immediate), Uraemic Coma

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, West Sub County

Date of Burial, May 8 1885

Undertaker, Fred'k A Kerchner

Place of Business, 129 Arlington Ave

C. W. Mitchell M. D.
Medical Attendant.

Address. University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83460

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83460 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS
MAY 8 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Schermer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 80 *Years,* 4 *Months.* 14 *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} Married

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45

Place of Death, {Give street and Number.} 29 Streeper St

Cause of Death, First (Primary). Paralysis

Second (Immediate). Paraplegia of left side

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St. Mathews Cem.

Date of Burial, May 9th 85

Undertaker G. Franz

Place of Business Dank & Wolfe *Address,* 28 O Donnell St

J. E. Richard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers ... 8346/

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8346/ *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miss Mary Fahnestock

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, X X X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore in the same house No 203

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 203 E. Avenue

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 9

Undertaker, W Dixel

Place of Business, ...

James E Donnelle M. D.
Medical Attendant.

Address, 299 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all No. 83462

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83462 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without Proper Certificate.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Collins

Sex, Male ~~or Female~~. {Cross out the word not required in this line.}

Age, 21 *Years,* *Months.* *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co

Duration of Residence in the City of Baltimore, Graduate

Place of Death, {Give street and Number.} 7 Oxford st

Cause of Death, First (Primary), Double Pneumonia

Second (Immediate),

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial St Mary Co md

Date of Burial, May 9 1885

Undertaker Chas Abernathy

Place of Business, 114 Orchard st

R. Winslow M. D.
Medical Attendant.

Address, 201 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3713 Fremont

Keepers of Cemeteries in City of Baltimore will make returns of all 83463

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83463 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. E. Hall

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balti

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 157 N. Brown - 4 -

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 9th 1885

Undertaker, Henry H. Mears

Place of Business, 1145 N. Gay St.

D. Hall M. D.
Medical Attendant.

Address, 2 days

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burial. 83464

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83464 *Office of Registrar of Vital Statistics.* **Ward** 5th

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, May 8th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos E Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 26 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 182 N Front St.

Cause of Death, First (Primary), Consumption

Second (Immediate), ...

Duration of Last Sickness, 11 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 10th 85

Undertaker, W W Mears

Place of Business, 45 N Gay St

James A Steuart M. D.

[redacted] Residence

Camp & Holliday Sts

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Sec 6

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas C. Fitzpatrick S.I.)

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all Permits for Burials to the Office whence issued.

No. 83465

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

14

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83465

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BRANCH DEPARTMENT MAY 8 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 7. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Jones

Sex, Male ~~or Female,~~ {Cross out the words not required in this line.}

Age, Fifteen *Years,* One *Month,* Twenty Two *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Pupil of Grammar School No 4

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, Since his birth.

Place of Death, {Give street and number.} 47 Hopkins Avenue

Cause of Death, First (Primary,) Pulmonary.

Second (Immediate,) " —

Duration of Last Sickness, One week.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 9th 1885

J. A. Badger M.D.
Medical Attendant.

Undertaker, Arnold Wright & Dem

Place of Business, 163 Light St.

Address, 246 N. Carey St

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83466

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83466 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 6th 1885

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Walter Griffith Fischer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* 10 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 68 East Hoffman St.

Cause of Death, First (Primary), Cause Congenital

Second (Immediate). convulsions

Duration of Last Sickness, about a month

the above information should be furnished by the Physician.

Place of Burial, Greenmt. Cemetery

Date of Burial, May 8th 1885

Undertaker M. A. Daiger

Place of Business, 74 S. Broadway

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and time of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make return of all ... for Burials ...

83467

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83467 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

RECEIVED MAY 8 1885 REGISTRAR BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 8 84

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm & Sarah Kirwin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 1 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B, city

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give Street and Number.} 186 Fort ave.

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Balto cemetery

Date of Burial, May 9th

Undertaker, B. Hark

Place of Business, West St

R W P Ellis M. D.
Medical Attendant.

Address, 518 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Cemeteries in City of Baltimore will make returns of all ... each week. No. 834-68

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 834-68 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 8 1885

a

CERTIFICATE OF DEATH.

Date of Death, May 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary M. Hall

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, C

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Co

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} # 71 Harmony Lane

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery.

Date of Burial, May 9th 1885

Undertaker, Wm A. Bungee

Place of Business, 62 East St

C Muff M. D.
Medical Attendant.

Address, 306 N Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all 83469

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83469 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH MAY 9 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 5th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caleb Johnson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* —— *Months.* —— *Days.*

Color, Cal.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore. Always

Place of Death, {Give Street and Number.} No. 11 S. Central Ave.

Cause of Death, First (Primary), Vertigo, very likely

Second (Immediate), Suffocation, caused by falling into a water-closet

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 8th 1885

Undertaker, Wm. A. Bunce

Place of Business, 62 East, st

Alexander Hill, M. D.
Medical Attendant.

Address, Corner Cent. Dist.

A man was found dead at 11 S. Central Ave. Was in water-closet and fell in & became suffocated.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83470

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83470 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas H Payne

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 62 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Waiter work

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co Md

Duration of Residence in the City of Baltimore, 53 years

Place of Death, {Give Street and Number.} 90 Chestnut st

Cause of Death, First (Primary), Rheumatism

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury, Evergreen cemetery

Date of Burial, May 8th 1885

Undertaker, Wm H Dungee

Place of Business, 62 East st

J B Conrad M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83471

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83471 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 8 1885 BALTIMORE, MD

a

CERTIFICATE OF DEATH.

Date of Death, May 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Della Ransom

Sex, Male or Female, {Cross out the word not required, in this line.} ~~Male~~ Female

Age, 23 Years, —— Months, —— Days,

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give street and Number.} 3 Forrest St.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 14 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 8th 1885

Undertaker Wm McDunger

Place of Business, 62 East, St

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all [illegible] Burials [illegible] ...ed. Saturday of ea[illegible]k. 83472

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83472 *Office of Registrar of Vital Statistics.* **Ward** 2 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Hoffman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York

Duration of Residence in the City of Baltimore, Do not know

Place of Death, {Give Street and Number.} 243 E Avenue

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), ...

Duration of Last Sickness, Since January

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10th 1885

Undertaker, Peter Frey

Place of Business, 91 Estern Ave

James E Donnelly M. D.
Medical Attendant.

Address, 299 E Balt. St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83473 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 9 1885

CERTIFICATE OF DEATH.

Date of Death, May 8 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward F. Jackson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, no occupation

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 21 years

Place of Death, {Give Street and Number.} 351 Linden ave

Cause of Death, First (Primary), Injury rendered a vendre

Second (Immediate), Shot fired by his own hands

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 10th 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 85 Park ave

Wm A. Jones M. D.

Coroner Medical Attendant.

Address, 326 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83474 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael B Holland (Nicholas)

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 72 Eutaw Street

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, Several years

All the above Information should be furnished by the Physician.

Place of Burial, Delair Md.

Date of Burial, May 10/85.

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

J Hutton M. D.
Medical Attendant.

Address, 72 Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3714

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83475 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gilbert Lafayette Hands

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months.* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Last Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland Legitimo

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 89 N. Eden St

Cause of Death, First (Primary), Bright's disease

Second (Immediate),

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 11th 1885

Undertaker, Hughes Spencer & Co

Place of Business, 60 E. Baltimore St

J. W. Hook M.D.
Medical Attendant.

Address, 73 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83476 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Friday 8th May 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elsie Elizabeth Crowder

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 6 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} Nine Bank Lane

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Inflamation of Brain

Duration of Last Sickness, Five Days

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10

Undertaker, McCoy

Place of Business, Fayette St

Thomas J. Simmons M. D.
Medical Attendant.

Address, 242 N. B. Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83477 *Office of Registrar of Vital Statistics.* **Ward** 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 9th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Auguste Francois

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years,* 1 *Months,* 19 *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Coach man

Birth Place, {State or country, and how long in the United States, if of foreign birth.} France

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give Street and Number.} 225 Canton Av

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 11 1885

Undertaker, C. F. Kraine & Son

Place of Business, 209 Hanover

John H Rehberger M. D. Medical Attendant.

Address, 243 Eden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83478 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 7 to 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Burr.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 20 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 207 Forest St

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cem

Date of Burial, May 10/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto

Truman T Hill M. D.
Medical Attendant.

Address, 112 N. Calhoun St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83479 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sebastin M. Schneider

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 3 Months, 9 Days

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 17 Pond st

Cause of Death, First (Primary), Scrofula

Second (Immediate), Inanition

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 9th 1885

Undertaker, A. J. Wanner & Son

Place of Business, 252 Canton Ave

Thomas D. Evans, M. D.
Medical Attendant.

Address, 22 Jackson Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 0 4 0 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83480 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAY 9 1885 BALTIMORE, MD.

Date of Death, May 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph L. Mann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 9 *Days*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 292 Hoffman St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10/85

Undertaker, C. J. Keiver

Place of Business, Calhoun & Lanvale

James A. Steuart M. D.

~~Medical Attendant~~

Address, Cor Penn & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83481 *Office of Registrar of Vital Statistics.* Ward 7 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Laura Stevenson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 4 *Months.* 20 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B C

Duration of Residence in the City of Baltimore, Born

Place of Death, {Give Street and Number.} 227 Chew St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Paralysis of Heart

Duration of Last Sickness, I saw the child May first time, but was sent

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 10th

Undertaker, Wm. L. Schmidt.

Place of Business, 263 Eager st. *Address,* 119 Eastman st

Medical Attendant. M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83484 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 9 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 7th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Blaschke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* —— *Months,* —— *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany . 1 Year

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Ulcerative Enteritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician,

Place of Burial, West Pub Cemty

Date of Burial, May 8 85

Undertaker, F A Eschner

Place of Business, 129 Arlington Ave *Address,* University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83483 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 9 1885

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Reuben Hunter McCann

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 9 *Years,* — *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 7 Years

Place of Death, {Give Street and Number.} 43 Dolley St

Cause of Death, First (Primary),

Second (Immediate), Heart Disease

Duration of Last Sickness, 9 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 10th

Undertaker, H. C. Windfield

Place of Business, 90 Greenmount Ave

Silas N. Hunter *M. D.*
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83484 *Office of Registrar of Vital Statistics.* **Ward** 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8" 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lampshire

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 7 Courtland St.

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Paralysis

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 10" 85

Undertaker, Mr Ross

Place of Business,

James A Clements M. D.

Medical Examiner

Camp Mc A R

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

E. by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Dr. E. Fitzpatrick Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83485 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, Col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 Booth Alley

Cause of Death, First (Primary), Cold

Second (Immediate), Pneumonia

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 9th 1885

Undertaker, Hungerford

Place of Business, Cumb & Pa

Jas. A. Steuart M. D.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83486 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE, MD.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mamie

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 6 Wks ~~*Days*~~

Color, White

~~*Married,*~~ ~~*Single,*~~ ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Cor. Townsend & Fenton

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 Wks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 10th 1885

Undertaker, Robert Robertson

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address, Cor. Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83487 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isabella Graham

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Canada

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 538 Canton Ave

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Dallo Cem.

Date of Burial, May 10th 85

Undertaker, G. F. France

Place of Business, Grant & Wolfe *Address,* 53 Light St.

E. Williams M.D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83488 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 9 1885
BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Anne K. Benseler

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* 11 *Months,* 9 *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 289 Columbia ave.

Cause of Death, First (Primary), Congestive Chill

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 11/85

Undertaker, Ph. J. Dill

Place of Business, 183 Columbia Ave

A. W. Webner M. D.
Medical Attendant.

Address, 298 W. Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83489 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen M. Hupper

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 38 ~~55~~ *Years,* *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Six months

Place of Death, {Give Street and Number.} Home of Incurables - 270 E. Fayette

Cause of Death, First (Primary), Heart disease (Aortic Reg.), Rheumatism - Pleu

Second (Immediate), Shock Ext

Duration of Last Sickness, Five years

All the above information should be furnished by the Physician.

Place of Burial, Boonsboro. Md.

Date of Burial, May 11 '85

Undertaker, M. A. Dayer

Place of Business, 74 S. Bway

Geo. L. Preston M. D.
Medical Attendant.

Address, 404 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3716 Maund

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83490 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 9 1885

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Winder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 9 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 6 Woodyear Alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 9th 1885

Undertaker, Wm. L. Dunges

Place of Business, 62 East St.

H K Warner M. D.
Medical Attendant.

Address, 220 N Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83491 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. MAY 9 1883 BALTIMORE MD.

Date of Death, May 8th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sadie May Love

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 83 N Eden

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, May 10 1883

Undertaker, Jas. C. Byrne

Place of Business, 63 Hanover

Geo. B. Reynolds M. D.
Medical Attendant.

Address, 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83492 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 10 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 8 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Behmer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 88 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widower

Occupation, Jeweler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 yr -

Place of Death, {Give Street and Number.} 93 4 days -

Cause of Death,
First (Primary), Congestion of Lungs -
Second (Immediate), Asphyxia

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Loyed St. H Cemetery

Date of Burial, May 10

Undertaker, W. Eitae

Place of Business, 101 Lloyd St. *Address,* 1403 E. Lake Ave

D. Deull M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83493 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 9th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Flora F. Weiskopf

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* *Months,* 8 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 35 E Lombard St.

Cause of Death, First (Primary), Diphtheritic Laryngitis

Second (Immediate), Asphyxia

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Pk Cemetery

Date of Burial, May 10

Undertaker, Jacob Ahrens

Place of Business, 28 N Paca St. *Address,* 1, So. Exeter

H. H. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank ... over.

Board of Health, City of Baltimore,

Permit No. 83494

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAYOR'S OFFICE BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel James Hudson

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* ~~—~~ *Months,* ~~—~~ *Days.*

Color, Mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower.*~~ {Cross out the word not required in this line.}

Occupation, Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, a long time

Place of Death, {Give street and Number.} 33 Edmond St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) do

Duration of Last Sickness, about a year

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 10th 1885

Undertaker, Wm C Lange

Place of Business, 62 East St

D. A. Casey Thurston M. D.,
Medical Attendant.

Address, 317 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained.* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 53495 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jupeter Sykes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Forty *Years,* *Months* *Days*

Color, Black

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Newburn N. C.

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give Street and Number.} No. 6 Mechanics Court

Cause of Death, First (Primary), Rheumatism

Second (Immediate), Hypertrophy of heart

Duration of Last Sickness, Five months.

All the above information should be furnished by the Physician.

Place of Burial, Westminster E. Green

Date of Burial, May 11. 85

Undertaker, Of Hemsley

Place of Business, 116 Orchard st

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

96

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83496 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bogedon

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} * 235 Dallas St.

Cause of Death, First (Primary), Convulsions (Internal)

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem

Date of Burial, May 10. 1885

Undertaker, F. Crook & Co

Place of Business, 215 Eutaw St.

John H. Rehburg M. D.
Medical Attendant.

Address, 1428 Lee Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the ... Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No 83497 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 10 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Drake

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ... *Months,* ... *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 17 years

Place of Death, {Give Street and Number.} 102 Old Bethel

Cause of Death, First (Primary), Senile Gangrene of the left leg.

Second (Immediate), Asthenia

Duration of Last Sickness, Two (2) months

All the above information should be furnished by the Physician.

Place of Burial, New Asbury Cemetery

Date of Burial, May 12th 1885

Undertaker, J. Lemmy Mitchell

Place of Business, 668 Broadway

L. Williams M. D.
Medical Attendant.

Address, 474 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83498 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 11 1885

C

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Creighton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 4 *Months,* 3 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.} Single

Occupation, Paper Hanger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Middlesex County Virginia

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 622 W. Baltimore St.

Cause of Death, First (Primary), Consumption (Pulmonary)

Second (Immediate), Asthenia

Duration of Last Sickness, About one year

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 12/85

Chas. E. Gibbons M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 47 Edmondson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

83499

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83499 *Office of Registrar of Vital Statistics.* Ward 16½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH MAY 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Cushane Waite

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 3 Months, 19 Days,

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 4 Columbia ave

Cause of Death, First (Primary), Marasmus

Second (Immediate), Asthenia

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem

Date of Burial, May 11/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 131 Columbia ave

Geo. R Grahame M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Permit No. 83580

Board of Health, City of Baltimore.

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Henry Reis

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Gun & Shot Gun Maker

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, From Birth

Place of Death, {Give street and number.} N 338 Saratoga St

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.) [redacted]

Duration of Last Sickness, Three Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, May 12/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

James Armitage M.D.,
Medical Attendant.

Address, 16 14 N. Paca St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certific

Board of Health, City of Baltimore,

Permit No. 83501 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled ou* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 9- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Edwin Noakes

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 2 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 175 Townsend

Cause of Death. First (Primary), Whooping Cough -

Second (Immediate), Capillary Bronchitis

Duration of Last Sickness, 6 days -

the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 11

Undertaker C. W. Blizzard

Place of Business, 201 Pennsylvania ave

Henry Chandlee M. D.
Medical Attendant.

Address, # 181 Linden Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over]

No. 83502

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83502 *Office of Registrar of Vital Statistics.* **Ward** 1 St

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 11 1895 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 10 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Selina Miller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* — *Months,* — *Days,*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give street and Number.} 90 Baker St

Cause of Death, First (Primary), Brain Disease

Second (Immediate). Acute Delirium

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, May 11 "95

Undertaker [illegible]

Place of Business, 133 Druid Hill Ave

A. B. Thurston M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83503 *Office of Registrar of Vital Statistics.* Ward 1/71

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 11 1885

CERTIFICATE OF DEATH.

Date of Death, 9th May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Richard Pacos

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 76 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Chester Co. Pa.

Duration of Residence in the City of Baltimore, 19 Yrs

Place of Death, {Give Street and Number.} 102 S. Collington Ave.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Paralysis of heart

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cem

Date of Burial, May 12th 1885

E. P. Irons M. D.
Medical Attendant.

Undertaker, H. Saunderson

Place of Business, 252 Canton Ave *Address,* 875 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83504

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

MAY 11 1885

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Hardy

Sex, ~~Male~~ or ~~Female~~, {cross out the word not required in this line.}

Age, Fifty Years, ——— Months, ——— Days.

Color, Colored

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Forty —

Place of Death, {Give street and number} 332 N. Howard St.

Cause of Death {First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,)

Duration of last Sickness, 4 weeks —

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn St. Cemetery

Date of Burial, May 12 1885

Undertaker, W. J. Hemsley

Place of Business, 116 Orchard St

D. C. Ireland M. D.
Medical Attendant.

Address, 288 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

No. 83525

Board of Health, City of Baltimore,

Permit No. 83525 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 11 1885

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura Johnson

~~*Sex,* Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* —— *Months,* —— *Days,*

Color, Colored

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation, Cook

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Same Years

Place of Death, {Give street and Number.} 56 Moore's Alley

Cause of Death, First, (Primary,) Acute Phthisis

Second, (Immediate,)

Duration of Last Sickness, 10 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Harford St. Cemetery

Date of Burial, May 11. 85

Undertaker, Jos Kennedy

Place of Business, 116 Orchard st

Chas. H. Riley M. D.,
Medical Attendant.

Address, 26 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83526 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 9/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Gapetz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single,*~~ ~~*Widow*~~ *or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 327 Penna Av

Cause of Death, First (Primary), Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 12 1885

Undertaker, A Rosenberger

Place of Business, 70 Smallwood

D F Miller *M. D.*
Medical Attendant.

Address, 188 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8357 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie B & Wm K Lamar Parents

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, — *Years,* — *Months.* 2 *Days*

Color, White

~~*Married,*~~ *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore. Life

Place of Death, {Give Street and Number.} 226 William St.

Cause of Death, First (Primary), "Primatunity"

Second (Immediate), —

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Ethiel

Date of Burial, May 11/885

Undertaker, Armistead Ellis

Place of Business, 2627 Jack

John Neff M. D.
Medical Attendant.

Address, 224 N Hamilton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83504 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 11 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Matches

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ... *Months,* 3. *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 12 Allens Alley

Cause of Death, First (Primary), ...

Second (Immediate), Eclampsia

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, May 11" 1885

Undertaker, Geo. Rinehart

Place of Business, Forest St

S. L. Gonzales M. D.
Medical Attendant.

Address, 96 S. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83509 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Redeman

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* ..... *Months.* ..... *Days*

Color, White.

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 Yrs.

Place of Death, {Give Street and Number.} 23 Mc Henry St.

Cause of Death, First (Primary), ...

Second (Immediate), Congestive Intermittent

Duration of Last Sickness, 24 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co'nty

Date of Burial, May 13th 1885

Undertaker, F. N. Bull

Place of Business, 131 Hanover

Dr J H Tull M. D.
Medical Attendant.

Address, 152 Church

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83510 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885 — 11 - A M

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry P Gotee

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Cellulitis Gangrenosa Scroti

Second, (Immediate,) Septicaemia

Duration of Last Sickness, 20 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 11, 1885

Undertaker, M. A. Dwyer

Place of Business, 74 S. Bway

C Van Hood M. D.,
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8351 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 11 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George E. Tase.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 1 *Months.* *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 307 E. Eager St.

Cause of Death, First (Primary), Meningitis.

Second (Immediate), Convulsions.

Duration of Last Sickness, About 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, May 12. 1885

Undertaker, John W. Jackson

Place of Business, Gay & Caroline *Address,* 342 N. Broadway

John H. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to ... diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83514

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 11 1885

CERTIFICATE OF DEATH.

Date of Death, May 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cornelius Donovan

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 31 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ~~166 Central Av~~ Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} 166 Central Av South

Cause of Death, {First, (Primary,) Valvular disease of Heart

Second, (Immediate,)

Duration of last Sickness, Found dead in bed

All the above Information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, May 12

E. Hall Russell M. D.

~~Medical Attendant.~~

Undertaker, Wm Wehaufen

Place of Business, 5 S. Front St *Address,* as is South

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83573 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 9/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Beeky

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* 8 *Months.* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boots Mounder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} 96 S Bethel St.

Cause of Death, First (Primary), Acute Pneumonia

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 11th

Undertaker, W Hilgert

Place of Business, 151 S Bond

R W Mansfield M. D.
Medical Attendant.

Address, 52 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83574 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

DEATH REGISTERED MAY 13 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Elizabeth McCollum

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~or Widower~~

Occupation, Dress fitter & Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 35 years -

Place of Death, {Give Street and Number.} 1st & Barnet

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 2 years -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem

Date of Burial, May 12th

Undertaker, J. H. Jenkins & Son

Place of Business, Park & Saratoga Sts *Address,* 283 W. Lombard St

Edwd F. Michael M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83515 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George C. Ross.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Grocer & Provision.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 310 S. Eutaw St

Cause of Death, First (Primary), Chronic Valvular Disease of Heart.

Second (Immediate), Apnea.

Duration of Last Sickness, Confined to House several months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 12 Th 1885

R. J. D. Tall M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Bros Address, 152 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

19

Permit No. 83376

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mrs Emma J Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* 3 *Months,* 2 *Days.*

Color, Colored *Sex,* Female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Home

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, 39 years 3 mo 2 days

Place of Death, {Give street and number.} No 7 Stricklon alley

Cause of Death, First (Primary,) Chronic Hepatitis & Malaria

Second (Immediate,) Asthenia

Duration of Last Sickness, 10 months

All the above information should be furnished by the Physician.

Place of Burial, Shaw St. Cemetery

Date of Burial, May 12th 1885

Undertaker, H Whadden

Place of Business, 456 East St

T Edward Kirby M. D.
Medical Attendant.

Address 82 Columbia Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person [illegible] and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

Permit No. 83517

14 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, May 10: 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Emma Watts

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 31 *Years,* 5 *Months,* 7 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Wilmington N. C.

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, {Give street and number.} 483 N. Fayette st

Cause of Death, First, (Primary.) Cancer Uteri

Second, (Immediate.)

Duration of Last Sickness, about 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem

Date of Burial, May 12/85

C. H. Wilson M.D.,
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 W Balto & *Address,* 201 Mech. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83378 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5- 10- 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pearl Krauel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 2 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, S

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 550 W Balto St

Cause of Death, First (Primary), Scarlatina

Second (Immediate),

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Chebstholom Lafayette Road

Date of Burial, May 12th 1885

Undertaker, D Emry & Brother

Place of Business, 550 W Fayette St *Address,* 76 S Paca St

S. H. Emmey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83519 *Office of Registrar of Vital Statistics.* Ward 20 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAR 12 1885

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma E. Ritter

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philad^a Pa

Duration of Residence in the City of Baltimore, 2 years & 6 Months

Place of Death, {Give Street and Number.} 814 N Gilmor St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), " "

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Philad^a Pa

Date of Burial, May 13th 1885

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette St

Elias C Price M. D.
Medical Attendant.

Address, 262 Mad. Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3717 Hanover

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83520 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Fehrer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 6 *Months.* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 year 6 mos

Place of Death, {Give street and number.} Johnson St near Clement

Cause of death, First, (Primary,) Pneumonia

Second, (Immediate,) Exhaustion

Duration of Last Sickness, two weeks

All the above information should be furnished by the Physician.

Place of Burial, H. Bitters C.

Date of Burial, May 12

Undertaker, B. Hull

Place of Business, 62 West St

L. B. Facette M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8352 / *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} August Schmidt

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 85 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 213 Montgomery St.

Cause of Death, First (Primary), old age

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 13

Undertaker, B. Wiltz

Place of Business, 62 West Pratt

Jno F Smith *M. D.*
Medical Attendant.

Address, 283 S. Charles St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83524 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 5, 11, 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Burke

Sex, ~~Male or Female,~~ { Cross out the word not required in this line. }

Age, 41 *Years,* ..... *Months,* ..... *Days,*

Color, col

Married, ~~Single,~~ Widow or Widower, { Cross out the word not required in this line. }

Occupation, Seamstress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Calvert Co. Md

Duration of Residence in the City of Baltimore, 14 Years

Place of Death, { Give street and Number. } 70 Valentine al

Cause of Death, { First, (Primary,) Bright's disease

{ Second, (Immediate,) .....

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharpst cemtery

Date of Burial, May 12 1885

{ Undertaker, Her Euler Ross

{ Place of Business, 75 Con Wash

Saml W. Cashman M. D.,
Medical Attendant.

Address. 324 Lerch

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83523 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Ruff

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 56 *Years,* ..... *Months.* ..... *Days*

Color, Black

~~*Married,*~~ ~~*Single,*~~ ~~*Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation, Brickmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore. 30 years

Place of Death, {Give Street and Number.} 110 S. Spring St (Spring)

Cause of Death, First (Primary), Paralysis of the Lower Extremities

Second (Immediate), ...

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, E. Peel Cemetery

Date of Burial, May 12th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Wm. N. Hill M. D.
Medical Attendant.

Address, 196 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83524 *Office of Registrar of Vital Statistics.* Ward 15 St

The Physician who attended any person in a last illness; is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 12.15 o'clock AM May 11 Th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ollie Callenburger

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.} Female

Age, 66 *Years,* ——— *Months.* ——— *Days,*

Color, White.

~~*Married, Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the word not required in this line.} Widow

Occupation Non

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Howard Co Maryland

Duration of Residence in the City of Baltimore, 23 years

Place of Death. {Give street and Number.} 100 Hudson St

Cause of Death. First (Primary), Phthisis Pulmonalis

Second (Immediate), do do

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 12th 85

Undertaker G. France

Place of Business, Bank & Wolfe Sts. *Address,* 28 O Donnell St

J E Dietard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83525 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Bennett

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 5 Fotpa Road

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 12 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May the 12th

Undertaker, Isaac Newman

Place of Business, 43 (No) *Address,* 283 N. Eden St.

E. B. Fenby, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83526 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Blanche Larkin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 23 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 39 Fremont Ave

Cause of Death, First (Primary), Meningitis

Second (Immediate), Coma and Exhaustion

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 13th

Undertaker, Geo Schilling

Place of Business, Ashland Square *Address,* 38 N Fremont Ave

J. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 8332 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Monday May 11th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John R. Gallion

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 108 E Madison St.

Cause of Death,
First (Primary), Acute Meningitis, resulting from an injury received from a fall
Second (Immediate), High fever & Coma

Duration of Last Sickness, 30 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 13th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Wilmer Brinton M. D.
Medical Attendant.

Address, Forest Place & Saul St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on B...

Health Department, City of Baltimore.

Permit No. 83528 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth J. McKinley

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months.* ..... *Days*

Color, white

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Maryland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 410 E. Fayette st.

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, May 13/85

Undertaker, W. W. Slaffer

Place of Business, 74 S. Broadway

R. W. Mansfield M. D.
Medical Attendant.

Address, 502 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83529 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Schmidt

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 13 Bakers court

Cause of Death, First (Primary), Typhoid fever

Second (Immediate), Exhaustion and brain complication

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 13

Undertaker, Walter Imrie

Place of Business, 315 W. Bidden

J. H. Hoffman M. D.
Medical Attendant.

Address, 279 N Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83530 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 12 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Child of William H. and Emma A. Taylor

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ——— *Years,* ——— *Months,* One *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and Number.} 310 Saratoga St.

Cause of Death, First (Primary), Premature Birth (Est. 6th and 7th month.

Second (Immediate), Asphyxia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 13

Undertaker J. B. Cook

Place of Business 707 W. Balto St

L. McL. Gorgas M. D.
Medical Attendant.

Address, 283 Saratoga St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83531 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. John Wilson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* — *Months,* — *Days*

Color, C Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 15 Short St.

Cause of Death, First (Primary), Acute Pneumonitis

Second (Immediate),

Duration of Last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, May 12 1885

Undertaker, Adam Eink

Place of Business, 461 N. Gay

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore, 18[illegible]

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83532

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Etta Neary

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, One *Years,* seven *Months,* *Days.*

Color, W.

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and number.} No. 247 N. Howard Street

Cause of Death, First (Primary,) Scarlet fever

Second (Immediate,) Malignant inflamation, with great tumefaction of throat

Duration of Last Sickness, Eight days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, May 13/85

J. Ridgely Hammond M. D.
Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 707 E. Balto St.

Address Cor. Calhoun & Hollins Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83333 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 12 1885, BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ada

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 11 *Months.* ——— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents Asylum.

Cause of Death, First (Primary), General Asthenia

Second (Immediate), Exhaustion

Duration of Last Sickness, One Wk.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 12th 1885

Undertaker, Robt. Robinson

Place of Business, Division St

F. J. Flannery M. D.
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 2 3 3 3 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8333 4 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAR 12 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary Dawson

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months,* *Days*

Color, White

Married, ~~Single,~~ ~~Widow~~ or ~~Widower.~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Londonderry, Ireland.

Duration of Residence in the City of Baltimore, Fifteen Years

Place of Death, {Give Street and Number.} No 11 S. Exeter Street

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis.

Duration of Last Sickness, Eighteen Months.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae *Woman's Medical College Dispensary*

Date of Burial, May 13 1885 *per* J. Frankenstein M. D.

Medical Attendant.

Undertaker, [illegible]

Place of Business, 63 Fourth *Address,* Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83535 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thomas Hogan

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 15 *Years,* — *Months,* — *Days,*

Color, White,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.} ✓

Occupation, Blacksmith's apprn.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and Number.} 35 Stirling Street.

Cause of Death, First, (Primary,) Abcess of the internal ear

Second, (Immediate,) Pneumonia & Exhaustion

Duration of Last Sickness, About two weeks.

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, May 14th

Undertaker, H. McGinnis

Place of Business, 8 N Central Ave

J. E. Heard, M. D.,
Medical Attendant.

Address, 216 E. Monument St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83536 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Mitchell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months.* 20 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, From birth

Place of Death, {Give Street and Number.} 27 Holmes St

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, During Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 14 1885.

Undertaker, Henry McGinnis

Place of Business, 412 N. Central Ave. *Address,* 5 E. Lee St.

E. P. Williams *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83537 *Office of Registrar of Vital Statistics.* Ward 3 1/1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Edmnia C & Colville

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 1 *Years,* 10 *Months,* 11 *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. life

Place of Death, {Give Street and Number.} 4 S Durham St

Cause of Death, First (Primary), Scrofulosis

Second (Immediate),

Duration of Last Sickness, From birth

All the above information should be furnished by the Physician.

Place of Burial, Dallastt Cemetary

Date of Burial, May 13th

Undertaker, Wilson & Grace

Place of Business, Caroline St 142

D W Bathurst M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83538 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sophia Dobson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months.* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 84 years

Place of Death, {Give Street and Number.} 857 N. Amity St.

Cause of Death, First (Primary),

Second (Immediate), Senility

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bolt Cemetery

Date of Burial, May 14 1885

Undertaker, John W Jackson

Place of Business, 109 E Lombard

S. W. Abner M. D.
Medical Attendant.

Address, 1 E Eager St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83539 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Landau,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Teacher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 years.

Place of Death, {Give Street and Number.} 34 E. Fayette St.

Cause of Death, First (Primary),

Second (Immediate), Gastritis,

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Cemetery

Date of Burial, May 13

Undertaker, J. Threat

Place of Business, 28 High St

C. W. Hoch M. D.
Medical Attendant.

Address, 75 E. Baltimore,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83540 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Annie Kasper

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months,* — *Days*

Color, Wht.

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give Street and Number.} No. 176 N. Wolfe

Cause of Death, First (Primary), Severe burns over head, chest,

Second (Immediate), back & arms, from falling on stove

Duration of Last Sickness, 4 hours —

All the above information should be furnished by the Physician.

Place of Burial, at St James Cemetery

Date of Burial, May 13th

Undertaker, Mr F. Lorach

Place of Business, 249 N. Durham st

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83324 / *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Albert Mary Jr.

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. } Male

Age, Five *Years,* Two *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } 47 Conway St.

Cause of Death, First (Primary), Croupous Laryngitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Five days

the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, May 14th

Undertaker C. N. Bond

Place of Business, 131 Hanover St *Address,* 47 Conway St

E. Lancey H. Barclay *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83524 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leonhard Dohlfelder

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 51 *Years,* 5 *Months,* — *Days,*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the word not required in this line.}

Occupation Actor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years.

Place of Death, {Give street and Number.} 29 S. Eutaw St.

Cause of Death, First (Primary), Cancer of the bowels

Second (Immediate). (3 months)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 15th

Undertaker Geo. Schilling

Place of Business, Ashland & Lyon

A. D. Lewis M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83543 *Office of Registrar of Vital Statistics.* Ward 8d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

H

CERTIFICATE OF DEATH.

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Hance

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Native

Place of Death, {Give Street and Number.} Institution Female Asylum for Poor

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St Vincents Cemetery

Date of Burial, 13 May

Undertaker, Jn Bloodhamp

Place of Business, 253 E Lanvale St

James H Hines M. D.
Medical Attendant.

Address, Same Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

See following Certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83543 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Helen Hamel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Institution of the Little Sisters of the Poor

Cause of Death, First (Primary),

Second (Immediate), Exhaustion

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, 13 May

Undertaker, Mc Bloomsb...

Place of Business, [illegible] *Address,* 93 Valley St

[illegible] M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83524 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary C Rowen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* 6 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 yr

Place of Death, {Give street and Number.} 319 Hartford Ave

Cause of Death, First (Primary),

Second (Immediate). Pernicious Anaemia

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Ct

Date of Burial, May 14th 1885

Undertaker Henry Hoeck

Place of Business, 309 N Central Ave

M. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83545 *Office of Registrar of Vital Statistics.* Ward 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franklin W Decker

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Car Driver

Birth Place, {State or country, and how long in the United States, if of foreign birth.} York Co. Penn.

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, {Give Street and Number.} No 6 Harford Ave.

Cause of Death, First (Primary), Paralysis Heart

Second (Immediate), " "

Duration of Last Sickness, Death Immediate

All the above information should be furnished by the Physician.

Place of Burial, Smyser Station. York Co. Penna.

Date of Burial, May 14. 1885. J. H. Robinson M. D.

Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 25 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3718 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83576 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Hutchinson

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 49 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give Street and Number.} 1105 W Fayette St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 14th /85

Undertaker, H. Cadogan

Place of Business, 227 Mulberry St

James Boeley M. D.
Medical Attendant.

Address, 319 Hillen St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83527 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th 85.

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Eliza Bertha Mead,

Sex, ~~Male or~~ Female. {Cross out the word not required in this line.}

Age, 31 *Years,* 9 *Months.* *Days,*

Color, White.

Married, ~~Single Widow or Widower~~. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Md.

Duration of Residence in the City of Baltimore, all her life.

Place of Death. {Give street and Number.} 84 Grange

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 13th 1885

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont St *Address,* 273 Lexington

Jno. L. K. Bozeman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

KODAK SAFETY FILM

Special Attention of Physicians is respectfully invited to the [illegible] of this Certificate.

Health Department, City of Baltimore.

Permit No. 83578 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Moor

~~Sex, Male~~ or Female, {Cross out the word not required in this line.}

Age, 44 *Years,* ——— *Months.* ——— *Days.*

Color, White

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 yrs

Place of Death, {Give Street and Number.} 10 Josephine St

Cause of Death, First (Primary), Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 1/2 mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 14th 1885

Undertaker, Henry H. Mears

Place of Business, 45 N Gay St

J A Brandau M. D.
Medical Attendant.

Address, 1 E Monument Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83219 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Peter Schlegel~~ May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schlegel

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 8 *Years,* 3 *Months,* 7 *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 5

Place of Death, {Give street and Number.} 153 S. Washington St

Cause of Death, First (Primary), Injury by Accident = ~~see~~ other side

Second (Immediate), Traumatic Fever

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial, May 15 1885

Undertaker H. C. Schnider & Son

Place of Business, 352 Canton Ave

A. Krepschartzer M. D.
Medical Attendant.

Address, 88 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 83550 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Mahr

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.} Female

Age, 26 *Years,* 10 *Months.* *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

~~*Occupation*~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 171 S. Wolf St

Cause of Death, First (Primary), Hemorrhage (Cerebral)

Second (Immediate), Paralysis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 14th 1885

Undertaker, Henry Sanger's Son

Place of Business, 252 Canton Av

Thomas B. Evans. M. D.
Medical Attendant.

Address, 22 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8335 / *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dr Mary Joseph Sullivan

~~Sex, Male or Female,~~ {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} Visitation Convent

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Convent Y M

Date of Burial, May 14th 1885

Undertaker, New Jerusalem Cem

Place of Business, Park & Saratoga Sts

Chas A O'Donovan M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83552 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Henry Hall

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 8 *Months,* ..... *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore Lifetime

Place of Death, {Give street and Number.} 121 Chestnut Alley

Cause of Death, First, (Primary.) Broncho Pneumonia

Second, (Immediate,) Ephamptosis

Duration of Last Sickness, 17 Days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Cemetery

Date of Burial, May 14, 1885

Undertaker, Aby Ramsburg

Place of Business, 116 Orchard St

Wm. Kelso Webb M. D.,
Medical Attendant.

Address, North Western Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83533 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 11th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Raps

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 23 *Years,* 5 *Months,* 18 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Shirt Cutter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 216 Hill St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 14th 1883

Undertaker, Fred Gaede

Place of Business, 29 S. Caroline St *Address,* 15 & 17 Hanover St

J. C. Burch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83334 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William S. Greenwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 76 *Years,* 3 *Months.* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Book-Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 23 Yrs

Place of Death, {Give Street and Number.} 291 Broadway

Cause of Death, First (Primary),

Second (Immediate), Dilatation of The Heart

Duration of Last Sickness, In bed - 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 15th 1885

Undertaker, Henry H. Mitchell

Place of Business, 65 S. Broadway *Address,* 333 Light St.

Robert S. Lowe M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83555 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Mary F. Smith~~ May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary F Smith

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 2 *Months,* ..... *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during Life

Place of Death, {Give Street and Number.} 312 Lancaster St

Cause of Death, First (Primary) ~~Stroke~~ Unknown

Second (Immediate) " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, May 14th 85

Undertaker G. France

Place of Business, Dant & Wolfe *Address,*

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 83356 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L. Schafer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 Months. 12 Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, since Birth

Place of Death, {Give Street and Number.} 853 W Pratt St.

Cause of Death, First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 14th 85

Undertaker, Wm J. Tichnell

Place of Business, 15 S Eutaw Address, 837 W. Pratt St.

L. R. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83557 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. a

Date of Death, May 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. H. Haines.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Saloonman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, {Give Street and Number.} 557 W. Fayette St.

Cause of Death, First (Primary), Bright's Disease.

Second (Immediate),

Duration of Last Sickness, Over a year

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 14th 1885

Undertaker, Espey & Mitchell

Place of Business, 550 W. Fayette St *Address,* 115 W. Monument St

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83558 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Fuller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 78 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 38 yrs

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 204 Stirling St

Cause of Death, First (Primary), Senility

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, W. Aisquith Ch

Date of Burial, May 15th 1885 S. Wilson M. D.

Undertaker, Henry Hoed Medical Attendant.

Place of Business, 309 N. Eutaw St *Address,* Edgewood Line

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83339 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Hayden

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, col

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Maryland

Duration of Residence in the City of Baltimore. 13 years

Place of Death, {Give Street and Number.} 27 Hull Lane

Cause of Death, First (Primary), Exposure

Second (Immediate), Consumption

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cath

Date of Burial, May 14 1885 E. C. Baldwin M. D.

Medical Attendant.

Undertaker, H H McGinnis

Place of Business, 11 Central ave *Address,* 124 n Exeter st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83560 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ursula Schulz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* 5 *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 44 Yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No. 1 Eliz. La.

Cause of Death, First (Primary), Carcinoma

Second (Immediate), of Liver

Duration of Last Sickness, some years.

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, May 15

Undertaker, B. Hyland

Place of Business, 82 West St

Thos Emmett M. D.
Medical Attendant.

Address, 281 E. Chase St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83561 *Office of Registrar of Vital Statistics.* Ward 10 "Y"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Goulden

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Hostler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, 29 Yrs

Place of Death, {Give Street and Number.} 103 Sarah Ann St

Cause of Death, First (Primary), Consumption

Second (Immediate), Asphyxia

Duration of Last Sickness, 8 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15th 85

Undertaker, Sam'l McClave

Place of Business, 198 S. Howard St *Address,* 46 N. Paca St

L. L. Titus M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83562 ; *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Grek

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 82 *Years,* 3 *Months,* *Days,*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 yrs

Place of Death, {Give street and Number.} 51 S Bouth

Cause of Death, First (Primary), Paralysis

Second (Immediate).

Duration of Last Sickness, Don't know. attended the case on May 1st only

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemy.

Date of Burial, May 15th 1885

Undertaker Wm Sicelaus

Place of Business, 253 Alt Ave. *Address,*

E W Elias M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Health Department, City of Baltimore.

Permit No. 83563 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 11. '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* ——— *Months.* ——— *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 19 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, May 13/85

Undertaker, F A Kachner

Place of Business, 129 Arlington Ave

C. W. Mitchell M. D.
Medical Attendant

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8356 — *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT, MAY 14 1885 BALTIMORE, MD.

Date of Death, May 12. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Friedrich Reesner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States if of foreign birth.} Germany 35 Years.

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Dysentery (Tuberculous)

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 months

All the above Information should be furnished by the Physician.

Place of Burial, West Sub. County

Date of Burial, May 13/85

Undertaker, F. A. Eschmann

Place of Business, 129 Arlington Ave. Address, University Hospital

C. H. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83565

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 14 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Columbus Myrtle

Sex, Male ~~or Female~~, {cross out the word not required in this line.}

Age, 16 Years, Months, Days.

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} St Marys Co Md

Duration of Residence in the City of Baltimore, 16 Years

Place of Death, {Give street and number} In Jacks house foot of Caroline St

Cause of Death, First, (Primary,) Accidental Drowning

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, May 15th 85

Undertaker, W. M. Burgee

Place of Business, 62 East St

Address, [illegible]

E. Hall Pentz M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 83566 *Office of Registrar of Vital Statistics.* Ward 12 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 14 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1865

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Crafford

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give street and Number.} 609 Penna ave

Cause of Death, First (Primary), Consumption

Second (Immediate), "

Duration of Last Sickness, Unknown

All the above info mation should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 14

James Bacon M. D.
Medical Attendant.

Undertaker Walter Immel

Place of Business, 315 W. Balto Address cor Arlington ave & Mosher St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 83567 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 14 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Manes

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 70 *Years,* *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Talbot Co Md

Duration of Residence in the City of Baltimore, 5 yrs

Place of Death, { Give street and Number. } E Baltimore above

Cause of Death, First, (Primary,) old age

Second, (Immediate,) Typhoid Malarial Fever

Duration of Last Sickness, 2 weeks

At the above information should be furnished by the Physician.

~~Entered [illegible]~~

Place of Burial. Easton Md

Date of Burial. May 14th 1885

Undertaker, W O'Neill & Bro

Place of Business,

J. A. Gillies M. D., Medical Attendant.

Address, 180 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3719 Transit

Board of Health, City of Baltimore,

Permit No. 85568 *Office of Registrar of Vital Statistics.* Ward 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Salomon Bunner

~~Sex~~, *Male* ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 26 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ ~~or Widower~~, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Russia

Duration of Residence in the City of Baltimore, One Year

Place of Death, {Give street and Number.} Hebrew Hospital

Cause of Death, First, (Primary,) Tuberculosis Pulm: Meningitis Tuber

Second, (Immediate.) Coma

Duration of Last Sickness, One Year

All the above Information should be furnished by the Physician.

Place of Burial, O. H. of Sholam

Date of Burial, May 15/85

Undertaker, Jacob Andrews.

Place of Business, 28 & 30 N. High

H. Strauss M.D.
Medical Attendant.

H. Eggert Carolina
Address.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 83569 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Hagan

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 217 N Front

Cause of Death,
First (Primary), Tubercular Meningitis
Second (Immediate), Convulsions

Duration of Last Sickness, 12 days

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery
Date of Burial, May 15th 1885
Undertaker, Jas F Byrne
Place of Business, Front st

Geo B Reynolds M. D.
Medical Attendant.
Address, 721 N. Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C

Health Department, City of Baltimore.

Permit No. 83570 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa J. Whitaker.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 5 Years, 2 Months, 7 Days

Color, White.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware.

Duration of Residence in the City of Baltimore, 26 days.

Place of Death, {Give Street and Number.} 35 Cath. St.

Cause of Death, First (Primary), Heart disease.

Second (Immediate),

Duration of Last Sickness, 2 Days.

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, May 18th 1885

Undertaker, STEWART & MOWEN, UNDERTAKERS.

Place of Business, 35 Park Ave.

J. G. Wilkinson, M. D.
Medical Attendant.

Address, Lexington & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

37 E. Lemmon [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 8357 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tierney

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 48 *Years.* *Months.* *Days*

Color, wht

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 141 Preston St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Govanstown

Date of Burial, May 15. 85

Undertaker, Chas. F. Scrivin

Place of Business, 271 N. Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83372 *Office of Registrar of Vital Statistics.* Ward 18 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret O'Connell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 32 Years

Place of Death, {Give Street and Number.} 932 Barnes

Cause of Death, First (Primary), ~~Phthisis~~

Second (Immediate), Pneumonia

Duration of Last Sickness, Sick 16 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, May 16th/85

Undertaker, M. Cadigan

Place of Business, 227 Mulberry *Address,* 807 W. Pratt St

H L Schein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 83573 *Office of Registrar of Vital Statistics.* Ward 19 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Kate Brooks Burns

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, Months. 12 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 283 Inskeep St.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 288 Inskeep St

Cause of Death, First (Primary), Premature birth

Second (Immediate), 7 months Period of Gestation

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Govanstown

Date of Burial, May 15th 85

Undertaker, M. McCadyan

Place of Business, 227 Baltimore St

Edward F. Mitchell M. D.
Medical Attendant.

Address, 52 Cumberland

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 83574 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bernhart Balthaser Jacob

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 12 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1274 S. Haigh St.

Cause of Death, First (Primary), Spasms

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days. This is given for Dr. Thos B. Evans, who has left the City.

All the above information should be furnished by the Physician.

Place of Burial, St Paul Cem.

Date of Burial, May 15th 1885

Undertaker, Leonhard Ritz

Place of Business, 131 S. Broadway.

E. P. Sprons M. D.
Medical Attendant.

Address, 375 E. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83575 *Office of Registrar of Vital Statistics.* Ward 6 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May the 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph M. Keller.

Sex, Male or Female, {Cross out the word not required in this line.} male.

Age, 76. *Years,* — *Months.* — *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Basket maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavaria, Germany.

Duration of Residence in the City of Baltimore, about 49 Years.

Place of Death, {Give Street and Number.} # 141 N. Chapel St

Cause of Death, First (Primary), Nephritic disease (Chronic)

Second (Immediate), Heart failure: gradual.

Duration of Last Sickness, about 2 Years.

All the above information should be furnished by the Physician.

Place of Burial, St. Stephens (Cem.)

Date of Burial, May 15/85

Undertaker, Henry W. Linne

Place of Business, 108 Baltimore

John N. Lemmon M. D.
Medical Attendant.

Address, # 210 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83576 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 15 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Neuman

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 11 *Years,* 9 *Months,* 24 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 31 China St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Since birth

All the above Information should be furnished by the Physician.

Place of Burial, Bapt. St. Cemetery

Date of Burial, May 15

Undertaker, H Ross

Place of Business, 15 Lanvay St

I. C. Bunch M. D.
Medical Attendant.

Address, 151 Hanover st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83577 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 14 th May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis M Smith

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 67 N Charles

Cause of Death, First (Primary), Liver cirrhosis & general hemorrhagic condition

Second (Immediate), Hemorrhage

Duration of Last Sickness, 1 week & 1 minute Sunday

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1885

Undertaker, Hercules Ross

Place of Business, 95 Conway St

C B Gamble M. D.
Medical Attendant.

Address, 57 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83578 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Tommy Mason Daugston

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 24 *Years,* 6 *Months.* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 310 Boyle Ave

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 6 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, May 16/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* 365 Druid Hill Ave

Chas E Tadd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 83599 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Scherner

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 69 *Years,* 0 *Months,* 0 *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 Years

Place of Death, {Give street and Number.} 928 W. Baltimore St

Cause of Death, First, (Primary,) Bronchitis

Second, (Immediate,) Carbonic Acid poisoning

Duration of Last Sickness, four weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 16th 85

Undertaker, Jos F Bryant

Place of Business 707 W. Balt

D. H. Holmes M. D.,
Medical Attendant.

Address, 120 Pearl St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83580

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm W. Disney,

Sex, Male or Female, {Cross out the word not required in this line.} Male,

Age, 23 *Years,* — *Months,* 10 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single,

Occupation, Nickel Plater,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto County,

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give street and number.} 226 Chew st.,

Cause of Death, First (Primary,) Phthis Pulmonalis,

Second (Immediate,) Apnoea

Duration of Last Sickness, 10 Months.

All the above information should be furnished by the Physician.

Place of Burial, Elkridge Landing Howard Co

Date of Burial, May 17th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Chas. B. Zug Jr M. D.
Medical Attendant.

Address 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

3721 Lemmon

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 83581 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH. a

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Albert S. Reynard

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 yrs 1 day ~~Years,~~ *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give street and Number.} 15, Mechanic Court

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Northumberland Va

Date of Burial, May 15 1885

Undertaker W. H. Broadbent

Place of Business, 76 East St

Address, 2280 Druid St

A. Appleyard M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3722 Frank

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back

Board of Health, City of Baltimore.

Permit No. 8358½ *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Kier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* ——— *Months,* ——— *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation House Keeping

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Dorchester County Md

Duration of Residence in the City of Baltimore, Eleven Years

Place of Death, {Give street and Number.} 173 Pierce Street

Cause of Death. First (Primary), Phlegmasia Dolens

Second (Immediate), " "

Duration of Last Sickness, Two months and a half 2½

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1885

Undertaker W W Maddux

Place of Business, 46 East St

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last kness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertak , or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Etc.

Board of Health, City of Baltimore,

Permit No. 83583 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sophia A. Schmidt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 72 *Years,* 9 *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Housewife

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give street and Number.} 20 h Broadway

Cause of Death, First (Primary),

Second (Immediate) General Adynamia

Duration of Last Sickness, several months

All the above information should be furnished by the Physician.

Place of Burial, Greenlawn Parish Cem.

Date of Burial, May 16th 1885

A. Siegenthaler M. D.
Medical Attendant.

Undertaker John Keenan

Place of Business, 382 Caroline St *Address,* 882 Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

CLAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83584 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 14th May.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Jones

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2. *Years,* 6. *Months.* *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 204. Chester St. (North)

Cause of Death, First (Primary), Spasmic of Cortical Substance of Brain & Cord (Specific origin (Heredity))

Second (Immediate), Infantile Spinal paralysis.

Duration of Last Sickness, This child was born an Imbecile & was subject to Convulsions and partial paralysis since birth. &c.)

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, May 16 1885

Thos J Simms M.D. M. D.

Medical Attendant.

Undertaker, John W Jackson

Place of Business, Cor Gilmor & Gardiner Sts *Address,* 242. N. B Way

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83582 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aunce Jones

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 24 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 10 yrs

Place of Death, {Give Street and Number.} 138 Henrietta

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 15 1885

Undertaker, Hercules Rew

Place of Business, 95 Cor Pratt St

C. S. Booze *M. D.*
Medical Attendant.

Address, 910 Shaft St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 8358 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jeanette Frank

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 46 yrs

Place of Death, {Give street and Number.} 595 Bond St

Cause of Death, First (Primary), Paralysis (Hemiplegia)

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Eden St Cemetery

Date of Burial, May 15th

Undertaker J. Ahern

Place of Business 24 N. [redacted] St *Address,*

E. O. Elsner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83587

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. Wells

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* ——— *Months,* ——— *Days.*

Color, Black

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.} Single

Occupation, Laborer

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give street and number.} 114 Chestnut St

Cause of Death, First (Primary,) Pneumonia

Second (Immediate,) Exhaustion

Duration of Last Sickness, Twenty One days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1885

Undertaker, William N Dunger

Place of Business, 62 East St

Sam'l J Bell M. D.
Medical Attendant.

Address 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83388 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14 - 1884 -

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Henson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* ..... *Months.* ..... *Days* ✓

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washer & Ironer -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Mary's Co Md

Duration of Residence in the City of Baltimore. Several Years

Place of Death, {Give Street and Number.} 258 Mc Donough St

Cause of Death, First (Primary), Septicaemia

Second (Immediate), Exhaustion

Duration of Last Sickness, One week & 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Lownbut Cemetery

Date of Burial, May 17 1885 -

Undertaker, William Lorenze

Place of Business, 62 East St

Geo F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on ...

Health Department, City of Baltimore.

Permit No. 83589 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

a

Date of Death, May 14th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George & Caroline Mosely (Parents)

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 1/2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} #46 E Pratt St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, few hours

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, May 15th 1885

Undertaker, Geo Ruichardt

Place of Business, Forest Place & *Address,* [illegible]

James H Clements M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Eh by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas V. Fitzpatrick Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83590 *Office of Registrar of Vital Statistics.* Ward 15 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, 13th May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jossie I Downes

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* 10 *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city Md.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 150 Foote St.

Cause of Death, First (Primary), Ulceration et hemorrhage from the ear

Second (Immediate), Malaria et Exhaustion

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Auburn Cemetery

Date of Burial, May 15th 1885

Undertaker, Geo W Perkins

Place of Business, 221 Hanover *Address,* 146 Hill St

L. D. Dyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83591

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emily Frances Wells

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 21 *Years,* 2 *Months,* 10 *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Brooklyn N York

Duration of Residence in the City of Baltimore, About 12 years

Place of Death, {Give street and number} 469 W Lafayette Street

Cause of Death First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pneumonia

Duration of last Sickness, About One week

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 17. 1885.

Undertaker, Wm H. Hickman

Place of Business, 234 & 1. Gay St.

P. S. Field M. D.
Medical Attendant.

Address, 507 W Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83392 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE, MD.

B

CERTIFICATE OF DEATH.

Date of Death, 14th. May 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Vogel

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* 7 *Months.* *Days*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bavary, Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} Donohue's Court 3.

Cause of Death, First (Primary), Hemiplegia,

Second (Immediate),

Duration of Last Sickness, 2 years 8 months

All the above information should be furnished by the Physician.

Place of Burial, St. Paul's Cem.

Date of Burial, May 16th 85

Undertaker, G. J. Frantz

Place of Business, Frank & Wolfe *Address,* S. Wolfe & Mt.

William Henkel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83593

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, May 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Unknown~~ John Stafford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Yrs.~~ *Years,* ——— *Months.* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 610 Broad Street

Cause of Death, First (Primary), Unknown Form

Second (Immediate), Unknown Form

Duration of Last Sickness, Since birth — Child wandering

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 15th 1885

Undertaker, Josh B. Cook

Place of Business, 707 W. Balto

E. K. Wiley M. D.

Medical Attendant.

Address, 195 W. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 8557 — *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

C

HEALTH DEPARTMENT MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Purnell.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 4 *Years,* 5 *Months,* 14 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 144 Biddle Alley

Cause of Death, First (Primary), Pulmonary Tuberculosis.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 3 Months.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16th 1885

Undertaker H. A. Bischoff Jr.

Place of Business, 97. Druid Hill Ave

John G. Huck M. D.
Medical Attendant.

Address 60 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

8335-95

Health Department, City of Baltimore.

Permit No. 83595 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 14th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Whittington

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months.* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 234 Hughes St.

Cause of Death, First (Primary), Malaria & Heart trouble

Second (Immediate), Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1885

Undertaker, Hercules Bass

Place of Business, 94 Cor West St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

18

Permit No. 83376 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE MD. MAY 16 1885

CERTIFICATE OF DEATH.

Date of Death, May 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie L Dorsey

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, / *Years,* 6 *Months,* / *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation, /

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} 23 Wynter St

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 16 1885

Undertaker, Hercules Ross

Place of Business, 95 Cor. West St

Chas L Bonze M. D.
Medical Attendant.

Address, 210 Shirley St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of diseases on back.

Health Department, City of Baltimore.

Permit No. 8397 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Blackstone

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty *Years,* *Months.* *Days.*

Color, Brown

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No. 13 Ceder now

Cause of Death, First (Primary), Scrofula

Second (Immediate), Consumption

Duration of Last Sickness, Two years

All the above Information should be furnished by the Physician.

Place of Burial, Wm Ap C. Cemetery

Date of Burial, May 16 1885

Undertaker, Abp Hammond

Place of Business, 116 Orchard st *Address,* 120 N. Greene St.

F. B. Gardner *M. D.*

Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 83598 *Office of Registrar of Vital Statistics.* Ward 16 d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eddie Webber

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 9 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 353 Hamburg st

Cause of Death, First (Primary), Catarrhal Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 17th 1885

Undertaker, Ernst Schlosser

Place of Business, 181 Sharp St

Ed Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore,

Permit No. 83599 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. B. Weil,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, One *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation None,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 121 N Gay St,

Cause of Death, First (Primary), Pneumonia — Catarrhal,

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 17th

Undertaker Geo Schilling

Place of Business, Ashland Square

J W Chambers M. D.
Medical Attendant.

Address, 133 N Eutaw St,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83600 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 14 "85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Miller

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, Wht

~~*Married, Single,*~~ *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 29 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cor. John & Wolfe

Cause of Death, First (Primary), Valvular Disease of heart.

Second (Immediate), —

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 16th 1885

Undertaker, Adam Fink

Place of Business, 1611 N. Gay St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Ba

Board of Health, City of Baltimore,

Permit No. 8360 *Office of Registrar of Vital Statistics.* Ward 20 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 15, 1885 at the Infirmary

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Christy.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* 8 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 9 Months & 10 days

Place of Death, {Give street and Number.} Corner of Baker and Mount

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) " "

Duration of Last Sickness, 2 weeks under my treatment

All the above information should be furnished by the Physician.

Place of Burial, Bolle Cemetery

Date of Burial, May 16/85

Undertaker, John E Hough

Place of Business, Runnals *Address,* 1405 W Lanvale

L. C. Otis *M. D.,* Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83604 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 16 188[illegible]

CERTIFICATE OF DEATH.

Date of Death, May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Hannah Mackie

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 41 yrs.

Place of Death, {Give Street and Number.} 369 Druid Hill Ave

Cause of Death, First (Primary), Bright's Disease

Second (Immediate),

Duration of Last Sickness, Over a year.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 16th 1885

Undertaker, Wm. Frances

Place of Business, 202 N. Eutaw St. *Address,* 115 W. Dromm[illegible]

C. O'Donovan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83603 *Office of Registrar of Vital Statistics.* Ward 3d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

FILED MAY 16 1885 REGISTRAR MD.

CERTIFICATE OF DEATH.

Date of Death, May 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Gaetz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 9 *Years,* 10 *Months.* *Days.*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 63 So. Broadway

Cause of Death, First (Primary), Tubercular Meningitis Complicating

Second (Immediate), Pneumonia

Duration of Last Sickness, Two (2) Weeks for Meningitis

All the above information should be furnished by the Physician. Lung disease about 9 Months

Place of Burial, Bitto Cemetery

Date of Burial, May 17th 1885

Undertaker, Denny & Mitchell

Place of Business, 63 S Broadway

G. L. Dintaman M. D.
Medical Attendant.

Address, 77 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore, 188

Permit No. 83604

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Eunes

Sex, ~~Male or~~ Female, {cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, School teacher

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Her whole life time

Place of Death, {Give street and number} 195 W Fayette St

Cause of Death, First, (Primary,) Meningitis

Second, (Intmediate,) Tuberculous Meningitis

Duration of last Sickness, About three weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 17 1885

Undertaker, Mauy & Mitchell

Place of Business, 336 W. Fayette

W W Hammond M. D.
Medical Attendant.

Address, 64 N Paca St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore.

Permit No. 83605 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Armour Sutton

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 44 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Memphis Tenn.

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 656 Lexington St

Cause of Death, First (Primary), Operation - removal fibroid tumor from uterus - 5 hrs.

Second (Immediate), Septic pneumonia

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 18/85

Undertaker, Denny & Mitchell

Place of Business, 330 W. Fayette

A. H. Sutton. with W. P. C. Barton. M. D.
Medical Attendant.

Address, Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83606

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Mrs Lucy King

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, 69 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Philadelphia

Duration of Residence in the City of Baltimore, Two years

Place of Death, { Give street and number. } 380 Myrtle Avenue

Cause of Death, First (Primary,) Paralysis

Second (Immediate,) Paralysis of the Heart

Duration of Last Sickness, Complaining for two or three days

All the above information should be furnished by the Physician.

Place of Burial, Rayside

Date of Burial, May 16/85

Undertaker, Kemp & Mitchell

Place of Business, 550 N. Fayette

Jas H. Jarkins M. D.
Medical Attendant.

Address 221 Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83607 *Office of Registrar of Vital Statistics.* Ward 10 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Benjamin F. Ulman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Bander

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 30 years.

Place of Death, { Give street and Number. } 189 W. Fayette St

Cause of Death, First (Primary), Bright's Kidney

Second (Immediate), Acute Peritonitis.

Duration of Last Sickness, Six (6.) days

the above information should be furnished by the Physician.

Place of Burial, Balto. Hebrew Cemt

Date of Burial, May 18th 85

Undertaker J. H. Reinhold

Place of Business, 98 Bernard Address

Christopher Johnston M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is respectfully invited to the [illegible] of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83608 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Daniel McKinney

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 4 *Months,* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 498 W. Pratt St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, 14 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 17. 1885

Undertaker, Matthew Cushing

Place of Business, 227 Mulberry St

Geo. Caldwell, Jr. M. D.
Medical Attendant.

Address, Cor. Columbia Ave & Penn'a

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 3609 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 16 1885

CERTIFICATE OF DEATH.

Date of Death, May 15th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Maria Dabb.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* — *Months,* 23 *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, H. W.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} 10 Bennett Street (Carlin's Bonnie St

Cause of Death, First (Primary), Pulmonary Tuberculosis.

Second (Immediate), Asthenia.

Duration of Last Sickness, Two years.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Cem.

Date of Burial, May 16th 85

Undertaker, G. France

Place of Business, Bank & Wolfe Sts *Address,* 78 East Baltimore St.

Alfred Whitehead L.R.C.S., M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83610 *Office of Registrar of Vital Statistics.* Ward 1 11/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 12. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Stubb.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, ... *Years,* 1 *Months,* 5 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 10 Bennetts St Canton

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 10 Bennetts St Canton Biggie St

Cause of Death, First (Primary), Fry Nursed

Second (Immediate), Marasmus.

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem

Date of Burial, May 16th 85

Undertaker, G. Frances

Place of Business, Bank & Wolfe Sts *Address,* 78 East Baltimore St.

Alfred Whitehead M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83611 *Office of Registrar of Vital Statistics,* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James C. Brewer.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5-5 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America.

Duration of Residence in the City of Baltimore, Five days.

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Heart Disease (Mitral)

Second (Immediate), Dropsy

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, St James Cemetery

Date of Burial, May 17 1885

Undertaker, Robert Roach

Place of Business, Canal St.

Asa or D. Kirkus M. D.
Medical Attendant.

Address, 184 N Gilmor St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83614 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon J~~onas~~ Williams

Sex, ~~Male~~ or ~~Female~~, {Cross out the word not required in this line.} Male

Age, Years, 8 Months, Days

Color, Black

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B City & Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 25 E Montgomery St

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 16 1885

Undertaker, Geo Watkins

Place of Business, 221 Hanover

R A D Edwards M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks Section, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 83623 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE MD. MAY 16 1885

Date of Death, May 16th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Curtis Killgore

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 13 *Months,* *Days*

Color, Mulatto

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Born.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculous Meningitis

Second (Immediate), Asthenia

Duration of Last Sickness, 16 days.

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 18th 1885

Undertaker, Morgan & Pye

Place of Business, ——— *Address,* Univ. Hosp.

R. B. Warfield *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 23614 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BUREAU OF VITAL STATISTICS BALTIMORE MD. 188

Date of Death, may 14th 11 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles F Pfetzel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 7 *Months,* 2 *Days,*

Color, White

Married, Single, Widow or, Widower, {Cross out the word not required in this line.} Married

Occupation Sail maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Hanford Co Ind

Duration of Residence in the City of Baltimore, 36 Years ✓

Place of Death, {Give street and Number.} # 10 S Pat Park Ave

Cause of Death, First (Primary). Paralasis

Second (Immediate) Paralasis

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, May 17 85

Undertaker Am Bo Fry

Place of Business, 710 Broadway

J W Snyder *M. D.*
Medical Attendant.

Address, 374 Lancaster City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer

Board of Health, City of Baltimore,

Permit No. 8361 S

Office of Registrar of Vital Statistics. Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

MAY 16 1885

Date of Death, May 16th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Elizabeth Weeks

Sex, ~~Male~~ or Female. { Cross out the word not required in this line. } Female

Age, About 70 Years, ... Months, ... Days.

Color, Colored

~~Married~~, Single, ~~Widow or~~ Widower, { Cross out the word not required in this line. }

Occupation Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death. { Give street and Number. } 23 Druid Hill ave

Cause of Death. { First (Primary), Hemiplegia

Second (Immediate).

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 17th 1885

Undertaker John J Andrews

Place of Business No 4x6 Druid Hill Ave

D. Yingling M. D.
Medical Attendant.

Address, 152½ N. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83616 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

a

Date of Death, May 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Gray

Sex, ~~Male or Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Home wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna ~~Co Arlington Balto~~

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} Arlington ave Balto City

Cause of Death, First (Primary), old age

Second (Immediate), Paralysis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 17. 1885

Undertaker, Emmert Mitchell

Place of Business, 516 W Fayette St *Address,*

C. A. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 83617

Office of Registrar of Vital Statistics.

Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 16 1880
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1880

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Langmann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 7 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 229 S Charles St

Cause of Death, First (Primary),

Second (Immediate), Cholera Morbus

Duration of Last Sickness, 48 hours

All the above Information should be furnished by the Physician.

Place of Burial, St Agnes

Date of Burial, May 18

Undertaker, B. Gilpin

Place of Business, 82 Hurst St

Edward Cooke M. D.
Medical Attendant.

Address, 416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 83618 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Dashiell Grant

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 10 *Months,* — *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} # 126 S. Bullington Ave.

Cause of Death, First (Primary), Whooping Cough } the mother States

Second (Immediate), Convulsions }

Duration of Last Sickness, 22 hours was dead when I arrived at the house

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, May 18th 1885

Undertaker, E. Francis

Place of Business, J. E. Bank & Co. *Address,* 37 E. Balto. St.

C. F. Sons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below; and to [illegible] on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83619

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE

Date of Death, May 15, '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Adelia Johnson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, 15 Days

Color, colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 15 Eutaw st.

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give Street and Number.} 40 wood year st.

Cause of Death, First (Primary), Thrush

Second (Immediate), Inflammation 3 months 7 hours

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shaw's St Cemetery

Date of Burial, May 17/885

Undertaker, Jacob Davis

Place of Business, 251 Mercer

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st. city

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

No. 8302

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83620 *Office of Registrar of Vital Statistics.* Ward 13"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 16 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Knautzer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 84 *Years,* — *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} widowed

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Hanover – Germany . 40 years

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} German Greisenheim Pennsylvania

Cause of Death, First (Primary), Old age

Second (Immediate), Weakness

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 18, 85

Undertaker, Bobsell & Son

Place of Business, 642 W. Balto Address, 205 W. Lombard St.

A. J. Reinhardt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8362 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 16th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augusta Kurtz

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 6 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} — Germany

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give Street and Number.} 277 S. Bond Street

Cause of Death, First (Primary), Congestion of Brain

Second (Immediate),

Duration of Last Sickness, About 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 18 1885

Undertaker, Leonhard Kurtz

Place of Business, 277 S. Bond St. *Address,* 207 S. Broadway

H. L. Dashiell Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83622 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James & Dorrie Johnson (Parents)

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ ½ Hour ~~Days~~

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 7 Jones Court

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, all his Life

All the above information should be furnished by the Physician.

Place of Burial, Asbury & Cemetery

Date of Burial, May 17th 1885

Undertaker, J J Locke

Place of Business, #73 Jefferson St. *Address,* Camp & Front

James A Steuart M. D.

Address

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKeuen Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the Rules as to Notifying and Reporting Cases of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 83623 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Garnitz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 18 *Years,* 9 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 33. S. Paca st

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration

Duration of Last Sickness, 5 Years

All the above information should be furnished by the Physician.

Place of Burial, [illegible] Cemetery

Date of Burial, May 18 1885

Undertaker, A. Rosenberg

Place of Business, 70 Saulsbury St *Address,* 166. S. Paca st.

A. Buddenbohm M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 8364 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 14, '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Snowden

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 80 *Years,* — *Months,* — *Days*

Color, colored

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Domestic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 118 harmony lane

Cause of Death, First (Primary), Suddenly of heart-

Second (Immediate), disease.

Duration of Last Sickness, Had heart disease for 7 or 8 years

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, May 17th 1885

Undertaker, Wm H. Dungee

Place of Business, 62 East st

Wm A. James M. D.

~~Medical Attendant.~~ Coroner

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this.

Health Department, City of Baltimore.

Permit No. 83625 *Office of Registrar of Vital Statistics.* Ward 10 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. W. Howard

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* *Months,* 7 *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 463 Dakota Ave

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above Information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, May 17th 1885

Undertaker, Wm. R. Bunger

Place of Business, 62 East 31st

Geo. A. Fleming M. D.
Medical Attendant.

Address, 172 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83626

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, ~~accurately filled out~~, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, ~~Charles F. Brendel~~ May 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles Fred Brendel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* five *Months,* ——— *Days.*

Color, white *Sex,* male

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Very feeble since his birth

Place of Death, {Give street and number.} 41 Bank Street

Cause of Death, First (Primary,) ———

Second (Immediate,) Spasms

Duration of Last Sickness, ———

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 17th 1885

A. Schwartz M. D.
Medical Attendant.

Undertaker, Wm Sanders & Son

Place of Business, 33½ Caroline St Address 44 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[Form ...

Board of Health, City of Baltimore,

15

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83627

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE.

Date of Death, May 16

Full Name of Deceased, {Writs legibly and spell correctly. If an infant not named, give names of parents.} Henry Clarkson Tall.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 11 *Months,* 13 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 121 Hamburg st

Cause of Death, {First (Primary,) Capillary Bronchitis

{Second (Immediate,) Apnea

Duration of Last Sickness, 2 weeks,

All the above Information should be furnished by the Physician.

Place of Burial, Madison Dorchester Co

Date of Burial, May 18th 1885

{*Undertaker,* Armistead & Denny

{*Place of Business,* 263 Light st

T. Dangherty *M. D.*
Medical Attendant.

Address 157 Hamburg st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore,

Permit No. 83628 *Office of Registrar of Vital Statistics.* Ward 11"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 18th May 98

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willy Mars

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 9 *Months,* 12 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, {Give street and Number.} 248 Bridge St

Cause of Death, First, (Primary,) Typhus

Second, (Immediate.) Heart failure

Duration of Last Sickness, 10 Days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 18

Undertaker, Walter Immel

Place of Business, 315 W. Biddle

D. N. Feldmann M. D.,
Medical Attendant.

Address, 120 East St Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83629

Office of Registrar of Vital Statistics.

Ward 12 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 15 Th "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Saltzmann

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 65 *Years,* ..... *Months.* ..... *Days*

Color, White.

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 45 Union St

Cause of Death, First (Primary), Malarial Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 weeks

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 18

Undertaker, Walter Immel

Place of Business, 315 N. Biddle

H. Ricketts M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83630 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Christine Lenderking

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months.* 4 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 38 Ridgely St

Cause of Death, First (Primary), Marasmus

Second (Immediate), the same

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Co

Date of Burial, May 18 85

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw *Address,* 169 W. Charles St

Thos Salyer *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83631 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1885

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ins H Guarles

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 26 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, one year

Place of Death, {Give Street and Number.} 218 Bonner Alley

Cause of Death, First (Primary), Paralysis

Second (Immediate), Congestion of the brain

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Wolfe pr Room. Ct

Date of Burial, May 17 1885

Undertaker, William Ndorgo

Place of Business, 622 East st

M K Warner *M. D.*
Medical Attendant.

Address, Lafayette & Starke

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3726 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83634 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ruth ann Heckrotte

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 63 *Years,* *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 280 Fallsway

Cause of Death, First (Primary), Disease of brain

Second (Immediate), Apoplexy

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, 19 May 1885

Undertaker, John W Jackson

Place of Business, Gay & Cardinal *Address,* 319 Fallsway

James Bailey M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83633 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1885

CERTIFICATE OF DEATH.

Date of Death, May 17 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 61 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Upholsterer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 28 E Monument St.

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate), Purpura Hæmorrhagica

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 19 1885

Undertaker, Jas. P. Byrne

Place of Business, 63 N. Fremont *Address,* 28 E. Monument Ave

E. H. Robinson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83634 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 18 1885

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Schmicke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 48 years

Place of Death, {Give Street and Number.} Light & Gittings Sts.

Cause of Death, First (Primary), Opthalmia of Spinal Cord

Second (Immediate), ~~Opthalmia~~ Paralysis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19th 1885

Undertaker, P Wade

Place of Business, 82 Hanover St

Theodore Cook M. D.
Medical Attendant.

Address, 46 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 83635

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Hallett

Sex, Male or Female, {cross out the word not required in this line.}

Age, 65 *Years,* ____ *Months,* ____ *Days.*

Color, W

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} ____

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give street and number} 257 N. Gay St.

Cause of Death, First, (Primary,) Phthisis Pulmonalis

Second, (Immediate,) Pleurisy

Duration of last Sickness, Several Months - (last 4 days)

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 19th

Chas. H. Tiley M. D.
Medical Attendant.

Undertaker, George Schilling

Place of Business, Ashland Square

Address, 306 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

(OVER.)

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83636 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Europe

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 185 Dolphin St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 2 or 3 Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 19/85

Undertaker, Chas. T. Devine

Place of Business, 271 E. Eutaw *Address,* Lafayette and Stricker

Mrs. Warner *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83637 *Office of Registrar of Vital Statistics.* Ward 7 C

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 16 1886

CERTIFICATE OF DEATH.

Date of Death, May 16 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Stallings

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, / *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 200 N. Eutaw ave

Cause of Death, First (Primary),

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 12 hrs

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 18th 1886

Undertaker, H. C. Riedel & Co

Place of Business, 90 Greenmount Ave

Silas N. Hunter M. D.
Medical Attendant.

Address, 36 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83638 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MUNICIPAL BUILDING BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 17th May 83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Joanna Grube

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 29 *Years,* ..... *Months.* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Midwife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Berlin (Germany)

Duration of Residence in the City of Baltimore, 1 year & 2 months

Place of Death, {Give Street and Number.} 102 E Biddle St.

Cause of Death, First (Primary), ~~Lacerated Perineum~~ Laceration

Second (Immediate), Tetanus.

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Mayers Cemetery

Date of Burial, May 19th 1883

Undertaker, Adam Dietz

Place of Business, 1041 N Gay St

Thomas J. Simms M. D.
Medical Attendant.

Address, 242 E Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83639 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna L. Bernsdorf

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 9 *Months,* 5 *Days*

Color, W.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 180 Warner St.

Cause of Death, First (Primary), Dentitio difficilis

Second (Immediate), Convulsions

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, May 18th 1885

Undertaker, P. H. Sellwald

Place of Business, 35 S. Eutaw St. *Address,* 170 S. Stark St

Wm Goodel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83640 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH BALTIMORE MD. MAY 19 1885

CERTIFICATE OF DEATH.

Date of Death, 18 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Pflueger

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 27 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} single

Occupation, servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany - Hessia

Duration of Residence in the City of Baltimore, 4 years

Place of Death, {Give Street and Number.} Pearl St 8

Cause of Death, First (Primary), Metritis & Peritonitis, resulting from a difficult labor.

Second (Immediate), Paralysis of heart

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ebenezer Cemetery

Date of Burial, May 18/1885

Undertaker, F. A. Kershner

Place of Business, Arlington *Address,* 205 W Lombard St

W E Bernard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases [illegible]

Board of Health, City of Baltimore,

Permit No. 83671 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 12 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } W. T. Sprague

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 74 *Years,* 5 *Months,* 5 *Days,*

Color, White

~~Married~~, ~~Single~~, Widow or Widower, { Cross out the word not required in this line. } ✓

Occupation, Capitalist

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Hartford Conn

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 17 Hamilton pl

Cause of Death, First, (Primary,) Paralysis Senile

Second, (Immediate,) Coma

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cem.

Date of Burial. May 14 1885

Undertaker, W. J. Tickner

Place of Business, 65 S. Eutaw

G. W. Miles M. D., Medical Attendant.

Address 21 W. Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83642 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daisy E. Ray

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 5 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~*Single*~~, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, House wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 169 N. Fremont St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Hemorrhage - Pulmonary -

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 18/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

J. Miller M. D.
Medical Attendant.

Address, 181 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certi...

Board of Health, City of Baltimore,

Permit No. 83643

Office of Registrar of Vital Statistics.

19

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

MAY 18 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 17. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daingerfield Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 26 *Years,* ——— *Months,* 20 *Days.*

Color, Wht

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md Phila

Duration of Residence in the City of Baltimore, 21 yrs has lived for last 5 yrs in

Place of Death, {Give street and number.} 97 Harlem Aven

Cause of Death, First, (Primary.) Phthisis -

Second, (Immediate.) "

Duration of Last Sickness, 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 19

Undertaker, W. Weaver

Place of Business, 202 N. Eutaw

Archer Atkinson M.D.,
Medical Attendant.

Address, 119 W. Chas St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of th...

Health Department, City of Baltimore.

Permit No. 83644 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Roche

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 9 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 yrs

Place of Death, {Give Street and Number.} 204 Light St

Cause of Death,
First (Primary) Scarlet fever
Second (Immediate) Diphtheria

Duration of Last Sickness, Abt 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 18th 1885

Undertaker, C. F. Hanselman Son

Place of Business, 209 Hanover *Address,* 161 S. Eutaw

Dr. J. Bell *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore,

Permit No. 8364 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Murray

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 75 *Years,* *Months.* *Days,*

Color W

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Barber

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give street and Number.} 77 Druid Hill Av

Cause of Death, First (Primary), Asthenia & Retention of urine -

Second (Immediate).

Duration of Last Sickness, Gradually failing for several months

All the above information should be furnished by the Physician.

Place of Burial, Loudenbury

Date of Burial, May 20 1885

Undertaker Alex Kennedy

Place of Business 116 Orchard st

R. Winslow M. D.
Medical Attendant.

Address, 201 W Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83646 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan J. Jackson

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty nine *Years,* ~~Months.~~ ~~Days~~

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton Md.

Duration of Residence in the City of Baltimore, Thirty years

Place of Death, {Give Street and Number.} No. 8 Elder al.

Cause of Death, First (Primary), Consumption

Second (Immediate), Prostration

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st burying

Date of Burial, May 17 1885

Undertaker, A. & F. Kennedy

Place of Business 1160 Orchard st

F. B. Gardner M. D.
Medical Attendant.

Address, 120 N. Green St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 8364 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Julia Reed

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 102 *Years,* — *Months,* — *Days*

Color, red

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co. Md

Duration of Residence in the City of Baltimore, 42 years

Place of Death, {Give Street and Number.} 93 Moore Alley

Cause of Death, First (Primary), Cancer of Tongue

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Harpers Cemetery

Date of Burial, May 19 1885

Undertaker, A. F. Hemsley

Place of Business, 116 Orchard St

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 83648 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. Murphy

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* 10 *Months.* 9 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Greenmount Ave opposite Cemetery

Cause of Death, First (Primary),

Second (Immediate), Cerebro Spinal Meningitis

Duration of Last Sickness, 30 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 18th 1885

Undertaker, John S. Mackey

Place of Business, 1050 Canton Ave

Silas H. Hunter M. D.
Medical Attendant.

Address, 34 Greenmount Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83649 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Healey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 55 Years, ... Months, ... Days

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 years

Place of Death, {Give Street and Number.} 670 W Lombard st

Cause of Death, First (Primary), Heart Disease

Second (Immediate), ...

Duration of Last Sickness, 13 years

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 20th 1885

James Bailey M. D.
Medical Attendant.

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 319 N Gilmor st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba...

Health Department, City of Baltimore.

Permit No. 83652 *Office of Registrar of Vital Statistics.* Ward 13 "1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 18 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ernest Ellis

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 8 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} " Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #137 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet cemetery

Date of Burial, May 18th 1885

Undertaker, Wm C Burgee

Place of Business, 62 East St

C Truitt M. D.
Medical Attendant.

Address, 316 W Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Ba

Health Department, City of Baltimore.

Permit No. 83651 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1883 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 5th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Streck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 5 *Years,* 2 *Months,* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 290, N, Arch st

Cause of Death, First (Primary), Carcinoma Oris

Second (Immediate), Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, A. Palmer Co

Date of Burial, May 19 1883

Undertaker, Henry Heck

Place of Business, 35 N Eutaw st

Wm. L. Russell *M. D.*
Medical Attendant.

Address, 235 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. [illegible] *be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 83652 *Office of Registrar of Vital Statistics.* **Ward** 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

Date of Death, May 16/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Hutt

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 44 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Bavaria

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give street and Number.} 202 E Eager st

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, about 6 mos

All the above information should be furnished by the Physician.

Place of Burial, St Thomas Cem.

Date of Burial, May 18th 85

Undertaker G. France

Place of Business, Pants & Wolfe *Address,* 93 Valley st

J A Warner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83653 *Office of Registrar of Vital Statistics.* **Ward** 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florian de Hanovre

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days,*

Color, W

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Glass Blower

Birthplace, {State or country, and how long in the United States, if of foreign birth.} France.

Duration of Residence in the City of Baltimore, 2½ years

Place of Death, {Give street and Number.} 415 S Sharp St

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) anchemia

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 19th 1885

Undertaker, C. F. Knauss & Son

Place of Business, 209 Hanover

F. B. Chatard M. D.,
Medical Attendant.

Address, 1114 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83654 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 16th May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Manfred Burke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 85 Forest

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Nav. Cathedral.

Date of Burial, May 19th 1885

Undertaker, C. F. Krause & Son

Place of Business, 209 Hanover

H. N. Webster M. D.
Medical Attendant.

Address, 101 Green

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore. 16.

Permit No. 83655 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD

Date of Death, May 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estelle Johnson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 21 *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 25 Bankard's alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, about 14 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Hunter

Date of Burial, May 17th 85

Undertaker, Geo Perkins

Place of Business, 221 Hanover St

Julius Hall *M. D.*
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83656 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 17 May

Full Name of Deceased. {Write legibly and spell correctly. If an infant not named, give names of parents.} Gilbert, Smith, Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 7 *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 49 S. Fulmore

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 19th 1885

Undertaker Wm J Tickner

Place of Business, 65 S. Eutaw St Address, 624 W Lexington

J Ino Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83657 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. MAY 19 1885

CERTIFICATE OF DEATH.

Date of Death, May 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charly Comm

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 66. *Years,* 4 *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 20 Years

Place of Death, {Give Street and Number.} 16 Walker st

Cause of Death, First (Primary), Typhoid Malaria

Second (Immediate), Prostration

Duration of Last Sickness, 2 Months

All the above Information should be furnished by the Physician.

Place of Burial, Lutheran Cemetary Druid Hill Park

Date of Burial, May 20 1885

Undertaker, Andrew Knell

Place of Business, 200 Columbia Av

O. L. Buddenbohm M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83658 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Noah Taylor

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 5 *Months,* 23 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 670 W. Pratt st

Cause of Death, First (Primary),

Second (Immediate), Pneumonia

Duration of Last Sickness, about one week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 20/85

Undertaker, J. B. Cook

Place of Business, 207 W. Balto

W. Reese Hunter M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 83659 *Office of Registrar of Vital Statistics.* Ward 12 "7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Unnamed infant son of Wm & Christiana Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ... *Months.* 3 *Days*

Color, ul

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 202 E Lombard St

Cause of Death, First (Primary), Haemorrhage Cord & umbilicus

Second (Immediate), " " " " & Haemorr. rhagic diathesis

Duration of Last Sickness, From time it was 2 or 3 hours old

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, 19 May 1885

Undertaker, Wm Jas. Gray

Place of Business, # 55 W Lombard St

Elias E Price M. D.
Medical Attendant.

Address, 262 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 83660 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 15th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ernest Lucas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} X

Age, ... *Years,* ..... 1 *Months,* 3 *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 445 E Baltimore

Cause of Death, First, (Primary,) Gastric Hemorrhage

Second, (Immediate,)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial. May 19th 1883.

Undertaker, Stewart Mann

Place of Business, 35 Park ave

E. W. Lizotte M. D.,
Medical Attendant.

Address, 1 W Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83661 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 18 1885

CERTIFICATE OF DEATH.

Date of Death, Eighteenth of May 18th May 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Ruth B. Griffith.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, Eighty-Eight (88) *Years,* Eleven (11) *Months.* Twenty three (23) *Days*

Color, White

~~Married~~, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Co. Maryland.

Duration of Residence in the City of Baltimore, about Seventy Eight Years.

Place of Death, {Give Street and Number.} 66 St. Paul St. Baltimore.

Cause of Death, First (Primary), Cerebral Hæmorrhage.

Second (Immediate), Paralysis - Cerebral Compression

Duration of Last Sickness, about 28 Hours.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 21st May 1885

Undertaker, Hopkins & Sons

Place of Business, Park & Saratoga Sts.

M. C. VanBibber M. D.
Medical Attendant.

Address, 119 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 83662 *Office of Registrar of Vital Statistics.* Ward 20 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 17 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie McGeach

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 yr *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 226 N Calhoun

Cause of Death, First, (Primary,) Phthisis Pulmon

Second, (Immediate,) asthenia

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 19 1885

F E Shatard M. D.,
Medical Attendant.

Undertaker, Denny and Mitchell

Place of Business, 550 W Fayette st Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 83663 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Irha C. Wotten

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co Md

Duration of Residence in the City of Baltimore, 44

Place of Death, {Give Street and Number.} 58 Stockholm St

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, May 19/1885

Undertaker, Armstrong & Lucy

Place of Business, 263 Light

Edward Cotter M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83664 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 19 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Cockson

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 4 *Years,* × *Months.* × *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot County Md

Duration of Residence in the City of Baltimore, 5 mos

Place of Death, {Give Street and Number.} 6 Rogers Court

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate),

Duration of Last Sickness, 3 or 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 19 1885

Undertaker, William N Dorsey

Place of Business, 12 East St

L. L. Sitting M. D.
Medical Attendant.

Address, 467 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83665 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Mary Dowd

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Male

Age, ... *Years,* ..... *Months,* ..... 7 *Days*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ~~Single~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} No 2 Morris Alley

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 2 Morris Alley 1st Lane

Cause of Death, First (Primary), Asthenia

Second (Immediate), "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Western Public Cemetery

Date of Burial, May 19/85

Undertaker, F. A. Kershner

Place of Business, 129 N. Arlington Ave

James A Lemmon M. D.

~~Medical Attendant~~

Address, Carey House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Geo. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83666 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. MAY 15 1903 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 18 1887 May 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Hezekiah~~ Hill

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, ac

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co - Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 138 N. Caroline St

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Dropsy

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetary

Date of Burial, May 18

Undertaker, Wilson & Grace

Place of Business, 1 Caroline St 140 *Address,* 137 Aisquith

L. D. Griffin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83667 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 19 1885

CERTIFICATE OF DEATH.

Date of Death, May 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nellie May Rodgers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* ——— *Months.* 13 *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 762 Clow St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, One (1) week

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 20th 84

Undertaker, Thos F. Byrne

Place of Business, Front St

Wm Shaw M. D.
Medical Attendant.

Address, 762 Clow St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83668 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 16. 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Green.

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, About 40 *Years,* — *Months,* — *Days,*

Color, Black

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Laundress

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, { Give street and Number. } 16 Fair St.

Cause of Death, First (Primary). Phthisis Pulmonalis

Second (Immediate). Exhaustion

Duration of Last Sickness, about 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Spring Grove

Date of Burial, May 20th, 1885

Undertaker [illegible]

Place of Business, [illegible] S. Howard St.

J. Glatt, M. D.
Medical Attendant.

Address, 202 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83669 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 19 1885 BALTIMORE, MD.

Date of Death, May 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susie Shatts.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* ..... *Months,* ..... *Days*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 11 years, 8

Place of Death, {Give Street and Number.} 91 N. Calvert St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 5 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 20th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N. Gay St

Saml T. Powell M. D.
Medical Attendant.

Address, #29 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83670 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} May Mica

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Col-

Duration of Residence in the City of Baltimore, Life-time.

Place of Death, {Give Street and Number.} # 235 S. Dallas St.

Cause of Death, First (Primary), Internal Convulsions.

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, St Thomas's Church

Date of Burial, May 19 1885

Undertaker, H. Grach & Co

Place of Business, 115 John St.

John H Kehlmyer M. D.
Medical Attendant.

Address, 143 Hill St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83671 *Office of Registrar of Vital Statistics.* Ward 1 SP

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 18-85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paulina M Hood

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 26 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Home Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 15 Potomac

Cause of Death, First (Primary),

Second (Immediate), Hanging by the Neck (Suicide)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, May 20. 1885

Undertaker, Hafenden Bro

Place of Business, 252 Canton Av *Address,* 101 Bridge Dy

C Hallenbeck M. D.
~~Medical Attendant.~~ Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83672 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 19 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 18 May

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marie Roberts

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 10 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation none

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 266 Hollins st

Cause of Death, First (Primary), Teething derangement of digestive organs & Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 20 1885

Undertaker Denny & Mitchell

Place of Business, 330 N. Fayette *Address,*

J. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83675.

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 19 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice J. Baaders

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 8 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, none

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 16 months has lived in Balto.

Place of Death, {Give street and number.} Balt. no 87 N Charles st

Cause of Death, First, (Primary.) Puerperal Septicaemia

Second, (Immediate.)

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Texas. Balto. Co

Date of Burial, May 20th 1885

Undertaker, H W Jenkins & Son

Place of Business, Park & Saratoga Sts *Address,* 119 N Charles st

Archer Alexander M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3749 Jones

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83674 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christina Ullmer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 69 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 31 years.

Place of Death, {Give Street and Number.} 926 Barree St.

Cause of Death, First (Primary), Phthisis Pul.

Second (Immediate), Hemorrhage from Lungs.

Duration of Last Sickness, 4 years.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 21st 85

Undertaker, [illegible]

Place of Business, 309 West Pratt St

T. Rickert M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83675 *Office of Registrar of Vital Statistics.* **Ward** 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, May 19. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Alberta Doll

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 3 *Years,* 5 *Months,* 7 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 3 Fourth St.

Cause of Death, First (Primary), Acute Membranous Laryngitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 6 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, 21st May 1885

J. R. Wilson M. D.

Medical Attendant.

Undertaker, John P. Poulton

Place of Business, 66 Fred. Ave. *Address,* 837 W. Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83676

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83676 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ott

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 14 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 31 Essex St

Cause of Death, First (Primary), Convulsions

Second (Immediate), "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Michaels Cem.

Date of Burial, May 21st 1885

Undertaker, H. Frances

Place of Business,

James A. Steuart M. D.

~~Medical Attendant.~~

Address, Camp & M & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Emanuel Weinman

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8367 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Breitschwerdt

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 2 7 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 263 Alice Anna St.

Cause of Death, First (Primary), Burn (accident)

Second (Immediate), Shock

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, May 21 st

Undertaker, Wm. Riechers

Place of Business, 25 E Aliceanna

John H. Kellberger M. D.
Medical Attendant.

Address, 263 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83678 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 19th May 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hile

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 2 *Years,* 10 *Months,* *Days*

Color, Colord

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} — — —

Occupation, — — — —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 36 Durham St. (North)

Cause of Death, First (Primary), Interstitial Pneumonia

Second (Immediate), Exaustion

Duration of Last Sickness, about 6 days

All the above information should be furnished by the Physician.

Place of Burial, Long Green Balto Co

Date of Burial, May 21 st

Undertaker, H. C. Widefield

Place of Business, Gt Greenmount

Thos J Simms M.D.
Medical Attendant.

242 N. B Way
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3730 Frankl

[OVER.]

No. 13677

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83679 *Office of Registrar of Vital Statistics.* Ward 7 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Washington.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Black.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, since 33 days

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Pneumonia.

Second (Immediate), Anasarca.

Duration of Last Sickness, 33 days.

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, May 20th 1885

Undertaker, Geo Rinehart

Place of Business, Corner of Pine

F. N Mead M. D.
per J. S. H. Medical Attendant.

Address, St. Josephs Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83680 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Springer

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 1 *Years,* 6 *Months,* 17 *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 112 N. Washington St.

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, Four weeks.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, May 21 to 1885

Undertaker, John Keenan

Place of Business, 382 Orleans St. *Address,* 95 East Ave.

A. F. Erich M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8368 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

B

Date of Death, May 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aida Johnson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dorchester Co., Md

Duration of Residence in the City of Baltimore, 8 months

Place of Death, {Give Street and Number.} 1102 Chestnut bet Hampton Ave

Cause of Death, First (Primary), Leucocythemia

Second (Immediate), ?

Duration of Last Sickness, about five months

All the above information should be furnished by the Physician.

Place of Burial, Dorchester Co. Md.

Date of Burial, May 21" 85

Undertaker, W. A. Kaiser

Place of Business, 744 S. Broadway

D M Cathell M. D.
Medical Attendant.

Address, 2 W Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

3731 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83682 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Funk

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 81 *Years,* ..... *Months.* ..... *Days*

Color, White

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. Several years

Place of Death, {Give Street and Number.} McKim & Biddle Sts.

Cause of Death, First (Primary), Paralysis

Second (Immediate), Asthenia

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Mt. Auburn Burying Ground

Date of Burial, Thursday May 21 85

Undertaker, Hughes Spencer Co

Place of Business, 60 E Baltimore St *Address,* 174 S. Exeter St.

J. W. P. Dall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83683 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca W Rogers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 69 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 72 Mt Vernon Place

Cause of Death, First (Primary), Atrophy of the Liver

Second (Immediate), Nervous Prostration

Duration of Last Sickness, 3 & 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 21st 1885

Undertaker, Wm Deaver

Place of Business, 202 N Eutaw St

Jos. L Wyeth Martin M. D.
Medical Attendant.

Address, 38 Mt Vernon Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83684 *Office of Registrar of Vital Statistics.* **Ward** 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1885

CERTIFICATE OF DEATH.

Date of Death, May 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clyde B. Robinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 19 *Years,* 1 *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Md

Duration of Residence in the City of Baltimore, 15 yrs

Place of Death, {Give Street and Number.} 28 Camden St

Cause of Death, First (Primary), ,, Second (Immediate), Consumption

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, May 21st 1885

Undertaker, Steward & Noonen

Place of Business, 35 Park ave

R. C. Lee M. D.
Medical Attendant.

Address, Hanover & Burn Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3732 Hanover [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83685 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20 "/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Chase

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~ *Months,* ~~ONE~~ ONE *Days*

Color, Colored

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 32 Ohio Ave

Cause of Death, {First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, May 20th/85 Jas A Steuart M. D.

Undertaker, J. A. Kerchner ~~Medical Attendant.~~

Place of Business, Arlington Av *Address,* Camp 46 & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his cognizance, to furnish within twenty-four hours after the death, to the Undertaker or other person superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83686 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE

Date of Death, May 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Grant

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 11 *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 126 S. Collington ave.

Cause of Death, First (Primary), Cerebro Spinal Meningitis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Dallo Com

Date of Burial, May 22nd 85

Undertaker, G. France

Place of Business, Pantz & Wolfe Sts *Address,* 372 E. Pratt st.

E. T. Bons *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and oorrect record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83687 *Office of Registrar of Vital Statistics* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE

Date of Death, May 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Thomas

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 42 *Years,* *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Helena

Duration of Residence in the City of Baltimore, 2 weeks

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Gangrenous Cellulitis Scroti

Second, (Immediate,) Exhaustion

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, May 21 1885

Undertaker Harris-Wilmes

Place of Business, Kent Co Md

Frank C Bressler M. D., Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.

3733 Francis

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83688

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Eva Dreck

~~*Sex, Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* 4 *Months,* 6 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Baltimore City

Duration of Residence in the City of Baltimore, all her life.

Place of Death, {Give street and number.} 306 N. Eutaw St.

Cause of Death, {First (Primary,) Phthisis Pulmonalis; Second (Immediate,) "}

Duration of Last Sickness, Nine months

All the above information should be furnished by the Physician.

Place of Burial, F. H. Greenmount

Date of Burial, May 21 1885

Undertaker, C. Rosenberger

Place of Business, 70 Mulberry St

Richd. Henry Thomas M. D.
Medical Attendant.

Address 287 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83689 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Francis N. Kemper

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 64 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 140 Battery ave.

Cause of Death, First (Primary), Chronic Cystitis

Second (Immediate), General debility

Duration of Last Sickness, 6 Mts

All the above information should be furnished by the Physician.

Place of Burial, Dr Alpharetta

Date of Burial, 22nd of May

Undertaker, Bernard Hasley

Place of Business, 82 West St

R. W. P. Ellis M. D.
Medical Attendant.

Address, 313 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

83690

16

Certificate
of
Death
February 19th 1883
Wm. S. Cecil
Male
72 years
White
Farmer
Delaware
6 months
103 Barre St Balto
Bright's Disease of
Disease of Heart
by Dr. Hillenbrand
121 Hollins Street

HEALTH D
MAY 2
BALTIM

Mt Olivet
May 21st 1883
Armistead Lamy
203 Light St
See following Certificate

KODAK SAFETY FILM

No. 83690

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83690 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William J. Cecil

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7½ *Years,* ——— *Months,* ——— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Farmers

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 6 months

Place of Death, {Give Street and Number.} 103 Barre St

Cause of Death, First (Primary), Bright's disease

Second (Immediate), Heart disease

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 21st '85

Undertaker, Armstrong & Kenny

Place of Business, 263 East St *Address,*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 13691

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83691 *Office of Registrar of Vital Statistics.* **Ward** 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19. 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ellen Bailey.

Sex, ~~*Male*~~ *or Female,* { Cross out the word not required in this line. }

Age, 73 *Years,* *Months,* *Days,*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation Housewife.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Maryland.

Duration of Residence in the City of Baltimore, Four years.

Place of Death, { Give street and Number. } 5 Green St.

Cause of Death, First (Primary). Pneumonitis Croupous.

Second (Immediate). Exhaustion.

Duration of Last Sickness, Two Weeks.

All the above information should be furnished by the Physician.

Place of Burial, Centerville Md.

Date of Burial, May 21st 1885

Undertaker Chamberlain

Place of Business, 263 Light St

J. C. D. Chambers M. D.
Medical Attendant.

Address, 133 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 37 34 Transcribed [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83692 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 20 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gertrude Mueller

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, 86 *Years,* ——— *Months.* ——— *Days*

Color, White

~~Married, Single~~, Widow ~~or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} 151 E. Pratt

Cause of Death, First (Primary), Marasmus senilis

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 22nd of May

Undertaker, Peter Frey

Place of Business, 11 Eastern Av. *Address,* 245 E. Biddle st

J. Mathieu M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83693 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Wriget

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 79 *Years,* 2 *Months.* 26 *Days*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 361 S Clinton St

Cause of Death, First (Primary), Softening of the Brain 4 Months

Second (Immediate), Apoplexy

Duration of Last Sickness, Suddenly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22nd 85

Undertaker, Conrad Harley

Place of Business, 82 West St

Severo Otto M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8369 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 21 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E Legg

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Monthly nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 167 Orleans St

Cause of Death, First (Primary), Debility

Second (Immediate), Asthenia

Duration of Last Sickness, about three months

All the above information should be furnished by the Physician.

Place of Burial, Bolton Cemetery

Date of Burial, May 22. 1885.

Undertaker, Mrs. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 212 Broadway

D M Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83695 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTER'S OFFICE MAY 31 1885 BALTIMORE CITY

a

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L. Hoog

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months.* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltr.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 69 St. Peter st

Cause of Death, First (Primary), Spasm

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 22d

A. L. Buddenbohn *M. D.*
Medical Attendant.

Undertaker, Geo. Lambach

Place of Business, 289 W. Pratt *Address,* 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 83696

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83696 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Marie

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 82 West St.

Cause of Death, First (Primary), Mitral regurgitation

Second (Immediate), Cardiac

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 22nd 85

Undertaker, C. T. Krause & Son

Place of Business, 209 Hanover

Jno. A. Smith M. D.
Medical Attendant.

Address, 281 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Permits for Burials, to be issued by

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83697 *Office of Registrar of Vital Statistics.* **Ward** 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sallie Nathan

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 65 *Years,* —— *Months.* —— *Days*

Color, Colored

~~*Married, Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 36 McKim St.

Cause of Death, First (Primary), Carcinoma Uteri

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 21-st 1885

Undertaker, W W Madden

Place of Business, 46 East 8th

J. H. Rothrock M. D.
Medical Attendant.

Address, 252 Fremont Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83698 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm H. Whittemore

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months.* *Days*

Color,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 38 Warner St

Cause of Death, First (Primary), Convulsions & Natural Teeth

Second (Immediate), Ten Exhaustion

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 20/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St *Address,* 343 W. Lanvale St

A. M. Colburn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 5 5077

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83699 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH. 84

Date of Death, May 20 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* 1 *Months,* 14 *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Indigestion

Second (Immediate), Diarrhea.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 20/85.

Undertaker, Robert Robinson.

Place of Business, Divine & Hunsicker

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 4 [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83700 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1985 BALTIMORE, MD.

CERTIFICATE OF DEATH. 97

Date of Death, May 19 1985

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years. 4 Months. Days

Color, White

~~*Married*~~, *Single, Widow or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 20/85

Undertaker, Robert Robinson

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Hudson Av, Catons

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83701

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT
MAY 21 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} No name. Infant of Charles & Julia Wilson

Sex, ~~Male~~ or Female, {cross out the word not required in this line.} Female

Age, ____ *Years,* ____ *Months,* 1 Hrs. ~~Days~~

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and number} #6 Hunter Alley.

Cause of Death, First, (Primary.) Premature birth - exact cause of death unknown - Delivered at its birth with a cord wife did not die it afterwards.

Second, (Immediate.)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shrewsbury County

Date of Burial, May 21 1885

Undertaker, A. J. Hensley

Place of Business, 116 Orchard St

James Bonn M. D.
Medical Attendant.

Address, #93 John St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 83702

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83702 *Office of Registrar of Vital Statistics.* Ward 2"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 21 1885

CERTIFICATE OF DEATH.

Date of Death, May 19th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Wallenwein

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} # 253 S Durham St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Four months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, May 21st 1885

Undertaker, H. Saunders & Son

Place of Business, 252 Canton Av *Address,* # 248 Alice Anne St

John H Kehlmeyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83703 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTRAR'S OFFICE
MAY 21 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21/86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Heaney Father

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* *Months,* 20 Minutes *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, "

Place of Death, {Give Street and Number.} 16 E Druid

Cause of Death, First (Primary),

Second (Immediate), Cyanosis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, May 22, 1885

Undertaker, H. Sanders & Son

Place of Business, 252 Eastern Ave *Address,* 47 So. Bway

G. L. Dintaman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83704 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1885

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert F. Doetz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* One Hour *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, One Hour

Place of Death, {Give Street and Number.} 98 S. Sharp St.

Cause of Death, First (Primary), Unknown

Second (Immediate), ...

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 21st 1885

Undertaker, Ernst Schloman

Place of Business, 181 Sharp Address, 158 S. Sharp St.

E. Michaux. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83705 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia Bromwell

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 80 *Years,* *Months,* *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} East

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 81 Dover St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, 6 weeks

All the above Information should be furnished by the Physician.

Place of Burial, East Lawn

Date of Burial, May 22nd 1885

Undertaker, Jas. P. Chase

Place of Business, 98 S. Howard St. *Address,* 262 Sharp St

R. M. Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83706 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE, MD.

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John L Bensel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* ——— *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 2

Place of Death, {Give Street and Number.} No 164 Allington Av

Cause of Death, First (Primary), Inanition

Second (Immediate), Convulsions

Duration of Last Sickness, 2 wks 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cem.

Date of Burial, May 21 st '85

Undertaker, G. Torrance

Place of Business, Jank & Wolfe's

L O Thurnell M. D.
Medical Attendant.

Address, 12 S Edw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8370 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED DEPARTMENT MAY 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alexandria Bennett (alexina) alexiana

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* 2 *Months,* 22 *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 277 Hollins st

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate), Asthenia

Duration of Last Sickness, About 18 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 22d 1885

Undertaker, S. W. Leonard & Son

Place of Business 782 W Baltimore *Address,* 4 J Edmondson ave

Jas E. Gibbons M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83708 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 21st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Mc Colon Waller {Parents Name

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ~~Years,~~ ~~Months,~~ 2 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 4 Broad Alley

Cause of Death, First (Primary), Premature birth

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, E. O. Cemetery

Date of Burial, May 21 1885

Undertaker, Geo Rinehart

Place of Business, Forest Place

James A Steuart M. D.
~~Medical Attendant.~~

Address, Camp B & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex by

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

Jas E. Fitzpatrick Sanitary Inspector [OVER.]

TELEPHONE No. 9—B.

OFFICE AND RESIDENCE
OF

DR. WM. RICKERT,

515 Pennsylvania Avenue.

OFFICE HOURS:
7 to 9 A. M.
1 to 2 P. M.
6 to 8 P. M.

Baltimore, Md. May 21st 1885

8709

(12)

Date of Death. May 21st 1885-

Name. John Hamilton-

Sex. Male-

White-

Married-

Occupation, None-

Birth-place, Delaware-

Age. 77 years-

Duration of residence in Balt 60 years-

Place of Death. 49 Robert St.

Cause, { Primary. Paralysis-
Sec- Exhaustion-

Duration of Last Sickness- 4 Mths-

Attending Physician J. Rickert. M.D. See following certificate

No. 83709

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83709 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885

Full Name of Deceased; {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hamilton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* ——— *Months,* ——— *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 60 years

Place of Death, {Give Street and Number.} 49 Robert St

Cause of Death, First (Primary), Paralysis

Second (Immediate), Exhaustion

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, May 22nd/85

Undertaker, Chas. F. Schriver

Place of Business, Dry W. Rickert *Address,*

_____ *M. D.*

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 83710

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83710 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lotta Hermann

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 426 S Place St

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Pneumonia

Duration of Last Sickness, Two Weeks

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, Saturday May 23

Undertaker, J D Rasin

Place of Business, 125 Johnson St

Wm Gould ..... *M. D.*

Medical Attendant.

Address, 170 W Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83711 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 21 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Briscoe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 63 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co. Md.

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} no 9 Brewer alley

Cause of Death, First (Primary), Suddenly of heart

Second (Immediate), disease

Duration of Last Sickness, about 15 minutes

All the above information should be furnished by the Physician.

Place of Burial, Laurel Country

Date of Burial, May 23 1885

Undertaker, W. A. Bishop Jr.

Place of Business, 97 Druid Hill

Wm A Dunn M. D.
Coroner
Medical Attendant.

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8378/2 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel Shuster

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, Black

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Boot Black

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 25 N. Centre St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 5 or 6 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22, 1885

Geo. T. Reynolds M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 171 N Calvert

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Transit

Keepers of Cemeteries in City of Baltimore

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83713 *Office of Registrar of Vital Statistics.* **Ward** 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Rogers

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months.* — *Days*

Color, Wht.

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Bricklayer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, About 3 weeks

Place of Death, {Give Street and Number.} New P. Office, Calvert & Lexington

Cause of Death, First (Primary), Fracture neck, & lower ribs on left side also fracture of Fracture of collar bone shoulder blade (left) & both legs above ankle, caused by fall

Second (Immediate),

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Washington D.C.

Date of Burial, May 22d 1885

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 83714 *Office of Registrar of Vital Statistics.* **Ward** 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William Schuler

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 6 Months, 14 Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } 62 Portland St

Duration of Residence in the City of Baltimore, 6 Months 2 Weeks

Place of Death, { Give street and Number. } 62 Portland

Cause of Death, First (Primary), Pneumonia

Second (Immediate), "

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 22d 1885 H. H. Biedler M. D.
Medical Attendant.

Undertaker John Herring

Place of Business 382 Orleans St *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83715 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY OF VITAL STATISTICS. MAY 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21st.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma J. Byas.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 28 *Years,* ..... *Months.* ..... *Days*

Color, White.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Saleswoman.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Worcester Co. Md.

Duration of Residence in the City of Baltimore, 12 yrs.

Place of Death, {Give Street and Number.} 130 N. Fayette.

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 Mos.

All the above Information should be furnished by the Physician.

Place of Burial, Cambridge Md.

Date of Burial, May 22nd 1885

Undertaker, Wm. Slacher

Place of Business, Cor Fayette & Parkwood

J. H. Williams M. D.
Medical Attendant.

Address, Fayette & Pacific

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3936 Transit [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83716 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lohr Henry

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 5 *Years,* 3 *Months,* 22 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} Cor. Hanbert and Nicholson st. Lo 9

Cause of Death, First (Primary),

Second (Immediate). meningitis

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Ronnie Bay Cemetery

Date of Burial, May 23rd 85.

Undertaker Daniel Flynn

Place of Business, 109 West Pr

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83717 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 19th May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Deaver

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 67 *Years,* — *Months,* — *Days*

Color, Colored

~~Married, Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 26 Jefferson St.

Cause of Death, First (Primary), Chronic Gastritis

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mo.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22nd 1885

Undertaker, Thos. E. Locks

Place of Business, 73 Jefferson St

E. P. Bons M. D.

Medical Attendant.

Address, 375 E Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8378 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 21st '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Peters

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, Forty nine *Years,* ~~Months,~~ ~~Days~~

Color, Brown

~~*Married,* *Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, Thirty-five years.

Place of Death, {Give Street and Number.} 12 New St.

Cause of Death, First (Primary), Scrofulous abcess

Second (Immediate), Septicemia

Duration of Last Sickness, Five weeks

All the above information should be furnished by the Physician.

Place of Burial, ~~Mount~~ St cemetery

Date of Burial, May 23 1885

Undertaker, Hercules Ray

Place of Business, 95 Low West ~~Hays~~ *Address,* 1202 E. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83719 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 22 1885

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel White

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days*

Color, Colored

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Hostler

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 104 Raborg St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 22 "/85

Undertaker, Wm Madden

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Cor Fayette & Howard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. E. Roberts Sanitary Inspector

...physicians is respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83720 *Office of Registrar of Vital Statistics.* Ward 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Louise Perkins

Sex, Male or Female, {Cross out the word not required to this line.} Female

Age, 39 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 15 Year

Duration of Residence in the City of Baltimore, 15 Year

Place of Death, {Give Street and Number.} 25 Lancaster

Cause of Death, First (Primary), Angina Pectoris

Second (Immediate), Apnoe

Duration of Last Sickness, Some (7) days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemetery

Date of Burial, May 23 1885

Undertaker, Leonhard Kurtz

Place of Business, 1528 E. Baltimore St.

G. L. Bristow M. D.
Medical Attendant.

Address, 44 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83721 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21/85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mollie Edlin

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, Col'd

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys Co - Md

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 44 Price St.

Cause of Death, First (Primary), Organic Disease Heart.

Second (Immediate), Dropsy

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Mury 23

Date of Burial, Saint Peters

Undertaker, H Kemsley

Place of Business, 160 Hanover

H Miller M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83722 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
MAY 22 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Woodyear

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~—~~ *Years,* 5 *Months,* 16 *Days,*

Color, Colored

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ~~—~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary).

Second (Immediate). Pneumonia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, May 23rd 1885

Undertaker Geo. Rinehart

Place of Business, Forest Place

Thos. J. Ward M. D.
Medical Attendant.

Address, 129 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 83723 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE MD.

94

CERTIFICATE OF DEATH.

Date of Death, May 19 '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Braithwaite

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* ——— *Months,* ——— *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West Indies - One year

Duration of Residence in the City of Baltimore, One year.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tumor of lung

Second (Immediate), Asthenia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, W. B. Cemy

Date of Burial, May 21 1885

Undertaker, Fred'k A. Kirchner

Place of Business, 129 N. Arlington Ave Address, University Hospital

C. W. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83724 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. MAY 22 1885

CERTIFICATE OF DEATH.

Date of Death, May 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Schreinshaut.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Stone Cutter.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 28 yrs.

Place of Death, {Give Street and Number.} St Josephs Hospital.

Cause of Death, First (Primary), Wound of Leg.

Second (Immediate), Septicaemia.

Duration of Last Sickness, 2 wks.

All the above information should be furnished by the Physician.

Place of Burial, Ft McHenry Cemetery

Date of Burial, May 23 1885

Undertaker, A Rosenberger

Place of Business, 70 Holbert *Address,*

Oscar J. Corbin M. D.
Rev J. R. H. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83725

Office of Registrar of Vital Statistics.

16 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, MAY 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alberta Baker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 1 Months, 8 Days. 12

Color, Colo

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Balto Md Whole Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} #94 Dover St

Cause of Death, First, (Primary.) Malaria

Second, (Immediate.)

Duration of Last Sickness, 1 mo

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 23 1885

Undertaker, [illegible]

Place of Business, 95 Conway St

D. C. Smith M.D.,

Medical Attendant.

Address, 106 E. Columb. Ave.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83726 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm J Ormion

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* ——— *Months,* ——— *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Fireman Engine Co

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy 2nd

Duration of Residence in the City of Baltimore Since birth

Place of Death, {Give Street and Number.} 196 Lexington St

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Gastro Enteritis

Duration of Last Sickness, Days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24th 85

Undertaker, Matthew Cademan

Place of Business, 227 Pinkney St *Address,* 1816 W Fayette St

W M Love M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83727

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83727 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21 - 85

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma L. Goserisch

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 0 *Years,* 5 *Months,* 20 *Days,*

Color,

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 50 N. Schroder

Cause of Death, First (Primary), Gastritis

Second (Immediate), Marasmus

Duration of Last Sickness, 5 Month,

The above information should be furnished by the Physician.

Place of Burial, Louden Park Cem.,

Date of Burial, May 23/85

Undertaker J. B. Cobb

Place of Business, 707 W. Balto St. *Address* 238 Madison Ave

R. Ellman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No 83.728 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 22 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Antonia Quill

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 7 *Months,* ..... *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.} /

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 18 Carv St Baltimore

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give street and Number.} 18 Carv St

Cause of Death,
First (Primary), Whooping cough
Second (Immediate) Convulsions

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shamper St Cemetery

Date of Burial, May 22 1885

Undertaker Wilbourn Lange

Place of Business, 62 East St

A. H. Biedler M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83.729 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emanuel Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Colored

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~[illegible]~~ Harford Co Md

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} 88 Styles st

Cause of Death, First (Primary),

Second (Immediate), Appoplexy

Duration of Last Sickness, Suddenly (dead when I arrived at his house)

All the above information should be furnished by the Physician.

Place of Burial, Ebony E. cemetery,

Date of Burial, May 22 1885

Undertaker, William Menge

Place of Business, No 62 East st

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83730 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Daniel Banks

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 124 N Dallas

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Athenia

Duration of Last Sickness, 6 mo—

All the above information should be furnished by the Physician.

Place of Burial, Lowe Cemetery

Date of Burial, May 23 1885

Undertaker, Wilkins & Dorsey

Place of Business, 62 East St

Irving Miller M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8373 1 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 23 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Cot

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 7 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 6y Years

Place of Death, {Give Street and Number.} 161 N. Edgar St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Heart Failure

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetary

Date of Burial, May 23. 1885

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* N. 99 S. Chas. St

Thomas Shaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83732 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD

CERTIFICATE OF DEATH.

Date of Death, May 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Perkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, Coll

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} md

Duration of Residence in the City of Baltimore, about 20 years

Place of Death, {Give Street and Number.} 52 Camel alley

Cause of Death, First (Primary), Consumption of lungs

Second (Immediate),

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Sharpshurg

Date of Burial, May 23 1885

Undertaker, Alf Hemsley

Place of Business 116 Orchard st

G Lane Tanyhill M. D.

Medical Attendant.

Address, 219 Madeira ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83733 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Harguhrson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 9 *Months,* — *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} No 19 Little Gough St.

Cause of Death, First (Primary), Choleratic Diarrhoe

Second (Immediate), Marasmus Exhaustion,

Duration of Last Sickness, Three Days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 23rd 1885

Undertaker, Jas P Crane

Place of Business, 63 Front St

J Rudyard André M. D.
Medical Attendant.

Address, 121 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83734. *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 22d. May 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katharina Fiske.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 66 *Years,* — *Months,* — *Days*

Color, White.

Married, Single, Widow ~~*or Widower*~~ {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 32 years.

Place of Death, {Give Street and Number.} S. Wolfe St. 122.

Cause of Death, First (Primary), Hydrops Ascites

Second (Immediate),

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel Cem.

Date of Burial, May 24th 1885.

Undertaker, Leonhard Ritz

Place of Business, 131 S Broadway

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe St. 122.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83735 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Walter [redacted] Karl

Sex, Male or ~~Female,~~ { Cross out the word not required in this line. }

Age, 5 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } 290 N Fayette St

Cause of Death, First (Primary),

Second (Immediate), Croup (Membranous)

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Woodlawn Park Cem

Date of Burial, May 24 "85

Undertaker, Conrad Hahn

Place of Business, 82 West St

Theodore Cotta M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83736 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 22 1885

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Stallings

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months,* 4 *Days*

Color, White

Married, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md - -

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 201 N Central Ave.

Cause of Death, First (Primary),

Second (Immediate), Asphyxia

Duration of Last Sickness, 4 days -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae -

Date of Burial, May 28th /85

Undertaker, H C Redfield

Place of Business, 91 Gunnell Ave

Silas McHenry M. D.
Medical Attendant.

Address, 36 Gunnell Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83737 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 23, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles J Beck

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, 7 Months

Place of Death, {Give Street and Number.} 8 Payson

Cause of Death, First (Primary), Scarlet Fever (I think but did not see the child during attack)

Second (Immediate), Acute Nephritis

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 24

Undertaker, J B Cook

Place of Business, 707 W Baltimore

James Bosley M. D.
Medical Attendant.

Address, 319 Hollins

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83738 *Office of Registrar of Vital Statistics.* Ward 17 4/

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Clarke

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 3 *Years,* 6 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 months

Place of Death, {Give street and Number.} Nicholson near Hanbert st

Cause of Death, First (Primary), Cholera Morbus

Second (Immediate),

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery Fourth lower

Date of Burial, May 23rd 85

Undertaker Daniel Flynn

Place of Business, 107 West St

P. G. Dausch M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83739 *Office of Registrar of Vital Statistics.* **Ward** 15-11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 21 1885

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Cook

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 Yrs

Place of Death, {Give Street and Number.} 12 Ridgely St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24 1885

Undertaker, Hercules S Ross

Place of Business, 95 Con Pratt St *Address,* 21 Light St

C W Bayne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83740 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 23 1885

CERTIFICATE OF DEATH.

Date of Death, May 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa G. McCoukey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 56 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 34 E. Eager St.

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Delta, Pa.

Date of Burial, May 24 1885

Undertaker, Hughes Spence & Co

Place of Business, 60 E Baltimore St.

E. B. Jenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3737 Fremont

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83741 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip A. Gehrmann

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* 3 *Months,* 15 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 84 E. Gay

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Adhesions

Duration of Last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 24th 1885

Undertaker, Henry W. Mears

Place of Business, #45 N. Gay St.

D. Sheets M. D.
Medical Attendant.

Address, 1438 E. Lex. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83742 Office of Registrar of Vital Statistics. Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BUREAU OF VITAL STATISTICS, MAY 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, May 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John J Richardson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 Years, Months, Days,

Color Col

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Porter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Jefferson Co Va 20 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 102 Monument st

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), ?

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, May 24th 1885

Undertaker Saml W Ellis

Place of Business, 98 S Howard st

R. Winslow M. D.
Medical Attendant.

Address, 201 W. Biddle st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83743 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 21. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Neville

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 79 *Years,* 5 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 68 years.

Place of Death, {Give Street and Number.} 18 N. Charles St.

Cause of Death, First (Primary), old age

Second (Immediate), Sloughing Ulcer of Leg

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, May 25/85

Undertaker, W. A. Baker

Place of Business, 47 S. Bway

I. W. Hooke M. D.
Medical Attendant.

Address, 75 E. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83744 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Heuer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* 11 *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation. None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 385 Carlton Avenue

Cause of Death, First (Primary), Ulcerative Stomatitis

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem.

Date of Burial, May 24th 1885 James F. McShane M. D.

Undertaker, H. Sander & Son Medical Attendant.

Place of Business, 357 Carlton Av. *Address,* 44 E. Madison

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83745 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 22th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Nichols

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* 9 *Days*

Color, a d

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Bradford alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Inanition

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24th 1885

Undertaker, J. J. Loeks

Place of Business,

Thomas A Clemens M. D.
Medical Attendant

Address, Commerce 12

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83746 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 23 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23 5 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edwin Shamberg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 10 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No. 37 Wyeth st.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, May 25th 1885

Undertaker, John S. Mayberry

Place of Business, No 156 Cumberland

Thos. S. Claudius M. D.
Medical Attendant.

Address, Cor Columbia ave & Front st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83747 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia P. Jones

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Romney, New-Hampshire

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 9 Parcin St

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 3 Years

All the above information should be furnished by the Physician.

Place of Burial, St Pauls Cemetery

Date of Burial, May 25, 1885

Undertaker, Matthew Cadogan

Place of Business, 227 Aisquith St *Address,* 1116 Hanover St

Thomas Ogle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83748 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas. E. Worthington

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* 1 *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Washington D. C.

Duration of Residence in the City of Baltimore, 5 Years.

Place of Death, {Give Street and Number.} Nr. 309 Columbia ave.

Cause of Death, First (Primary), Phthisis-pulmonalis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem.

Date of Burial, May 24/1885

Undertaker, J. B. Cook

Place of Business, 707 W Balto St *Address,* Cor. Columbia Ave & Fremont St

Chas. E. Ledderdice M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 13749

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 13749 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE

Date of Death, May 22nd

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Benjamin.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~66~~ 21 *Years,* *Months,* *Days*

Color, Black

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 2 months.

Place of Death, {Give Street and Number.} St Joseph's Hospital.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 months in hospital.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Cem Cemetery

Date of Burial, May 23/85

Undertaker, George Reinhart

Place of Business, Supt — *Address,* St Joseph's Hospital

F. W. Mead M. D.
per J. R. F. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of ... Record — No. 83750

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83750 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martin Winter

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 78 *Years,* 8 *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} widower

Occupation Retired merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and Number.} 303 N. Central av.

Cause of Death, First (Primary), Intussusception

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial, May 26 1885

Undertaker Harry Hook

Place of Business, 309 N. Central *Address,* 325 E. Baltimore

P. G. Dauch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 83751

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83751 *Office of Registrar of Vital Statistics.* **Ward** 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 22d " 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} George Bercu

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 58 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Tailor

Birthplace, {State or country, and how long in the United States if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 255 E. Chase st

Cause of Death, First (Primary). Diabetes Mellitus

Second (Immediate).

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ch

Date of Burial May 25th 1885.

P. G. Dausch M. D.
Medical Attendant.

Undertaker Geo. Hock

Place of Business, 309 N. Caroline *Address,* 325 E. Baltimore st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 83752

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83752 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Palmer

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, about 93 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Accomac Co Va

Duration of Residence in the City of Baltimore, 21 yrs

Place of Death, {Give Street and Number.} 4 Myrus Ct

Cause of Death, First (Primary), —

Second (Immediate), Old age.

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24 1885

Undertaker, Abt Hemsley

Place of Business, Mordecai st

R. C. L. 22 M. D.
Medical Attendant.

Address, Hanover St

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83753 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 22.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} [illegible] L. Ford

HEALTH DEPARTMENT MAY 22 1885 BALTIMORE.

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 2 *Years,* 5 *Months.* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 342 West St

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate),

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 24th 1885

Undertaker, Dan'l Kilgann

Place of Business, 109 West

J. C. Buch M. D.
Medical Attendant.

Address, 165 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83754

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83754 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22nd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clara Duncan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months.* ..... *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 86 S. Durham St.

Cause of Death,
First (Primary),.....
Second (Immediate), Marasmus

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 24th 1885

Undertaker, J. J. Lake

Place of Business, 73 Gilmor

Nicholas L. Sathiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Keepers of Cemeteries in City of Baltimore will make returns of all interments [illegible] hence [illegible] No. 83755

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 1880.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83755

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 21st 7.30 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Preston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 36 *Years,* 4 *Months,* *Days.*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Washwoman

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Howard County

Duration of Residence in the City of Baltimore, Thirteen Years

Place of Death, {Give street and number.} No 22 Bolton Alley

Cause of Death, First (Primary,) Heart disease - Mitral Insufficiency Dilat

Second (Immediate,) Dropsy & Exhaustion

Duration of Last Sickness, 4 Mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 24. 1885

Undertaker, Wm H Madden

Place of Business, No 46 East St

J. L. McCormick M. D.
Medical Attendant.

Address 457 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83756 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 24 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, May 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Guttenberg

~~*Sex,* Male or Female~~, {Cross out the word not required in this line.} Male

Age, 65 *Years,* 4 *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or Widower.*~~ {Cross out the word not required in this line.} Divorced

Occupation, Salesman

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 25 years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Hebr. Hospital

Cause of Death, First, (Primary,) Vesicular Emphysema

Second, (Immediate,) Asphyxia

Duration of Last Sickness, Two years

All the above information should be furnished by the Physician.

Place of Burial Hill Point H Cemetery

Date of Burial, May 24

Undertaker, W. Eilau

Place of Business, 101 Gough St. Address, Ecr Eutaw & Caroline

S. Co. Elmer M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Keepers of Cemeteries in City of [illegible]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 83757

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours after the death* of said deceased, or sooner, if requested so to do, under penalty of law.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Ernest Swaddle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* ~~Days.~~

Color, White *Sex,* male

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 76 Roberts st

Cause of Death, First (Primary,) Hematuria

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery James F. Sloan M. D.

Medical Attendant.

Date of Burial, May 25

Undertaker, Wm Blizzard

Place of Business, 201 Penn ave *Address* 93 Park ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

Keepers of Cemeteries in City of Baltimore and those [illegible]

No. 83738

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83738 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23 1855

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Kate M. Shaffer

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 23 *Years,* 10 *Months.* 5 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 23 years 10 months & 5 days

Place of Death, {Give Street and Number.} 171 Hanover St.

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, About a week

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 25

Undertaker, C. W. Blizzard

Place of Business, 221 Penn ave

E. M. Reed M. D.
Medical Attendant.

Address, 243 N. Fremont [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Keepers of Cemeteries in City of Baltimore will make returns of all

No. 83739

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83759 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Thornton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 40 *Years,* ..... *Months,* ..... *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 11 74

Place of Death, {Give Street and Number.} 92 Parker

Cause of Death, First (Primary), Metritis

Second (Immediate),

Duration of Last Sickness, 3 day

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 25th 1885

Undertaker, C. P. Branner & Son

Place of Business, 207 Hanover st *Address,* 57 Bruce

A. W. Wheeler M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 83760

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83760 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23d, 2 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Thomas Kelly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 33 *Years,* 8 *Months,* —— *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co,

Duration of Residence in the City of Baltimore, 28 Yrs.

Place of Death, {Give Street and Number.} Poca Court between Poca & Burgundy Sts.

Cause of Death,
First (Primary), Heart disease (Valvular) & Chronic Bronchitis.
Second (Immediate),

Duration of Last Sickness, 5 Months.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, May 24th 1885

Undertaker, E.P. Branson & Son

Place of Business, 209 Hanover St. *Address,* Hunterian Dent Co.

Thos. E. Ellis Jr. M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 8 3 7 6 1

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83761 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the present return of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 24. 1885

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grace Irene McCue

Sex, Male or Female. {Cross out the word not required in this line.} Female

Age, 10 *Years,* 8 *Months,* ——— *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Biddeford, Me. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 579 N. Gay St.

Cause of Death. First (Primary), Chronic articular rheumatism

Second (Immediate), Pericarditis Effusion into sac

Duration of Last Sickness, about 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, May 25th 1885

Undertaker John Lake

Place of Business, 201 E Balto St

Geo. A. Martinez M. D.
Medical Attendant.

Address, 305 N Caroline St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 83762

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83762 *Office of Registrar of Vital Statistics.* **Ward** 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henrietta Spear

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 5 hours *Years,* *Months.* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 222 W. Fayette St

Cause of Death, First (Primary),

Second (Immediate). Premature Birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balt Hebrew Bleur Rds

Date of Burial, 25 May

John Morris M. D.
Medical Attendant.

Undertaker J Behrens

Place of Business, 101 E Lombard *Address,* 5 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

83763

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83763 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 24th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Friese

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 6 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} # 196 Canton Av.

Cause of Death, First (Primary), Internal Convulsions

Second (Immediate),

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Bethlehem Cemetery

Date of Burial, May 25 1885

Undertaker, F. Crack, Co

Place of Business, 118 S Ann

John A. Rehberger M. D.
Medical Attendant.

Address, 243 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 837764

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 837764 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ella Gabus Key

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. } F

Age, *Years,* 13 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 114 Hare st

Cause of Death, First, (Primary,) C

Second, (Immediate,) Pneumonia.

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, St Stephens Cem

Date of Burial, May 25 1885

Undertaker, Fr Crook & Co

Place of Business, 415 Penn Ave

C H Denny M. D., Medical Attendant.

Address, 85 Centre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 83765

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83765 *Office of Registrar of Vital Statistics.* **A. Ward** 17

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bideniek Fishes

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* — *Months.* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 55 yeas -

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 2 Clements St

Cause of Death, First (Primary), Chronic Nephritis

Second (Immediate),

Duration of Last Sickness, 12 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetry

Date of Burial, May 25th 1885. Edw F. Michaelson M.D.

Undertaker, Ernst Schlossman Medical Attendant.

Place of Business, 181 S. Sharp St. *Address,* 283 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 83766

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83766 *Office of Registrar of Vital Statistics* Ward 17th

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 24/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mary Mueller

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 68 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, about 30 years

Place of Death, {Give Street and Number.} Home at

Cause of Death, First (Primary), Cancer of

Second (Immediate), Uterus

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemt

Date of Burial, May 26 at 2 PM

Undertaker, Henry Brick

Place of Business, Henrietta 81

Jno H Smith M. D.
Medical Attendant.

Address, 281 L Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83767 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours after the death~~ of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT RECEIVED MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis E. Mills Jr

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 11 *Months.* *Days*

Color, Col

~~Married~~, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 357 Vincent Alley.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 357 V. Alley

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Softening of lungs

Duration of Last Sickness, 5 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, May 25 1885

Undertaker, Martin Fahey

Place of Business, 128 Lombard Address, 193 Pressman

G W Harris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83768

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83768 *Office of Registrar of Vital Statistics.* Ward 7th

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 23 "

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Pietro Morado

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} M

Age, 30 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy - 2 yrs in U.S.

Duration of Residence in the City of Baltimore, 2 days.

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Traumatism

Second (Immediate), Shock Hemorrhage

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Thomas

Date of Burial, May 25/85

Undertaker, J. W Hook

Place of Business,

Oscar J. Cokely M. D.
Medical Attendant.

Address, 188 N. Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83769

Office of Registrar of Vital Statistics. Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Bishop.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 23 *Years,* *Months,* *Days.*

Color,

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 18 yrs

Place of Death, {Give street and number.} #123 Columbia Ave

Cause of death, First, (Primary,) Pulmonary Abscess

Second, (Immediate,)

Duration of Last Sickness, 6 Mos

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 27

Undertaker, J B Cook

Place of Business, 707 W Baltimore

Geo H Capito M. D.,
Medical Attendant.

Address, Waverly Town

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83770 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jno a Boland

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 19 *Years,* 7 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Printer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Boston

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 196 Johnson ak

Cause of Death, First (Primary),

Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, May 26th 1885

Undertaker, Daniel Flynn

Place of Business, 102 West St

Andrew Cooke M. D.
Medical Attendant.

Address, 116 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83771

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83771 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Ellen Straft

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days,*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in ~~*the City of Baltimore*~~, America 48 years

Place of Death, {Give street and Number.} 111 Penna Av

Cause of Death, First (Primary),

Second (Immediate). Asthenia - Paralysis of Pharynx

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Louden Park

Date of Burial, May 26

Undertaker Walter Emmert

Place of Business, 315 W. Bidder

R. Winslow M. D.
Medical Attendant.

Address, 201 W Biddle St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 8372

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8372 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

MAY 25 1885

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Tilman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N C

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 21 Plate Street

Cause of Death, First (Primary), Ch Nephritis & Rheumatism

Second (Immediate), & Comma - Uremic absorption

Duration of Last Sickness, 6 or 8 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel, Md

Date of Burial, May 25th 1885

Undertaker, Wm F Gray

Place of Business, 65 Mulberry

C B Gamble M. D.
Medical Attendant.

Address, 69 Cathedral

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83773 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~*twenty-four hours*~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 24/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McLaughlin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 9 *Years,* one *Months.* 11 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 267 Bank

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asphyxia

Duration of Last Sickness, Nine (9) days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, May 26/85

Undertaker, Chas. F. Servin

Place of Business, 271 N. Eutaw *Address,* 77 S. Bond

G. L. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, 19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83774

HARVARD LIBRARY
MAY 25 1885
BALTIMORE MD.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said Deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lydia H. McCloskey

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, 84 *Years,* 8 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, ——————

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Orleans

Duration of Residence in the City of Baltimore, Five years

Place of Death, {Give street and number} 74 N Fulton St

Cause of Death {First, (Primary,) Apoplexy
Second, (Immediate,) Asthenia

Duration of last Sickness, About 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Philadelphia Pa

Date of Burial, May 26th 1885

Undertaker, Emory & Mitchell

Place of Business, 550 W Fayette St

P. S. Fuller M. D.
Medical Attendant.

Address, 507 N Fay Mc

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3738 Transit

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83775 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Jones

Sex, ~~Male~~ or Female. {Cross out the word not required in this line.}

Age, 6 *Years,* 9 *Months,* *Days*

Color, Col'd

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 160 ~~6 yrs~~ E. Eutaw St.

Cause of Death, First (Primary),

Second (Immediate), Con sumption Consumption

Duration of Last Sickness, 2 do's

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetary

Date of Burial, May 25, 1885.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* Eutaw St

W. H. Maher M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83776

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 22 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Henry Riggs

Sex, Male or Female, {cross out the word not required in this line.} male

Age, 38 Years *Years,* — *Months,* — *Days.*

Color, African

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation, Coloner

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Believed to be Balt. City Md

Duration of Residence in the City of Baltimore, Lifetime as far as known

Place of Death, {Give street and number} No 207 (or thereabouts) Hillman St

Cause of Death {First, (Primary,) Consumption 7 years
Second, (Immediate,)

Duration of last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetry

Date of Burial, May 25 1885

A. J. Board M. D.
Medical Attendant.

{*Undertaker,* Chas S. Butler
{*Place of Business,* 132 N. Caroline St *Address,* 169 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

No. 8377

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8377 *Office of Registrar of Vital Statistics.* **Ward** 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosina Tochtermann

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 59 *Years,* *Months,* 25 *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give street and Number.} 26 Bank st.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Ch

Date of Burial, May 26 85

Undertaker W. Jeffers

Place of Business, 151 S. Bond St. *Address,* 325 E. Baltimore

P. J. Dausch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83778 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary O'Donnell

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 14 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 1 year

Place of Death, {Give Street and Number.} No. 2 Portugal Court

Cause of Death, First (Primary), Phthisis

Second (Immediate), Old Consumption

Duration of Last Sickness, Old

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's Cem.

Date of Burial, May 26th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* 214 S. Broadway

W. L. Todd, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert...

Health Department, City of Baltimore.

Permit No. 83779 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 23 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa F. Stokes

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, X *Years,* 10 *Months.* X *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} X

Occupation, X

Birth Place, {State or country, and how long in the United States, if of foreign birth.} X

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 124 S. Regester St

Cause of Death, First (Primary), Catarrh with Pneumonia

Second (Immediate), Congestion of Brain

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cem.

Date of Burial, May 26th 85

Undertaker, G. J. France

Place of Business, Bank & Wolfe Address, 314 E. Balto. St.

B. F. Leonard M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 83780 *Office of Registrar of Vital Statistics.* Ward 20 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for a Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 24 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Ann Wells

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 33 *Years,* 4 *Months,* 18 *Days,*

Color, Black

~~Married~~, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Howard Co. Md.

Duration of Residence in the City of Baltimore, about 2 years

Place of Death, {Give street and Number.} 401 Vincent Alley Balt

Cause of Death, First, (Primary,) Rheumatism of the heart

Second, (Immediate,) " " "

Duration of Last Sickness, twenty minutes

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cem

Date of Burial, May 25 85

Undertaker, Mason Hannah

Place of Business, Monroe all

L. C. Olds M. D.,
Medical Attendant.

Address, 1405 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83781 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 24th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Brown

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Thirty-eight *Years,* ~~*Months.*~~ ~~*Days*~~

Color, Mullatto

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Porter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md.

Duration of Residence in the City of Baltimore, Eighteen years

Place of Death, {Give Street and Number.} No. 40 Walker st.

Cause of Death, First (Primary), Cold

Second (Immediate), Consumption

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, May 26 1885

Undertaker, Hercules Ross

Place of Business, 95 Low ~~West~~ East *Address,* 128 N. Greene St.

F. B. Gardner M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83782 *Office of Registrar of Vital Statistics.* Ward 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McGill

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, Wht.

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Store-keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 19 yrs.

Place of Death, {Give Street and Number.} No. 125 Ensor St.

Cause of Death, First (Primary), Pulmonary consumption

Second (Immediate), " Hemorhage

Duration of Last Sickness, 2 minutes

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 26th

Alexander Hill, M. D.
Medical Attendant.

Undertaker, H. C. Winfield

Place of Business, 60 Greenmount Ave Address, Coroner Cent. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83783 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John W Ogilvie

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1. *Years,* — *Months.* 23 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bath

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 353 West St

Cause of Death, First (Primary), Fall on his head

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 6 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, May 26/85

Undertaker, Armstrong & Owens

Place of Business, 263 Light St

Thos Shearer M. D.
Medical Attendant.

Address, 1416 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83784 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Marpel

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* 5 *Months.* *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter & Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Pennsylvania

Duration of Residence in the City of Baltimore, One week

Place of Death, {Give Street and Number.} Federal St near Washington

Cause of Death, First (Primary), Malareal fever Rheumatism

Second (Immediate), Bright's disease of Kidneys Dropsy

Duration of Last Sickness, Eight Months

All the above information should be furnished by the Physician.

Place of Burial, Ferncliff Balto Co

Date of Burial, May 27/85

Undertaker, L. D. Slade & Son

Place of Business, Union Ville

E. C. Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 13785

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83785 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of ~~this Certificate~~, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 24th 9 P.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles August Louis Breul

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Years, 6 Months, 9 Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Child

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} # 22 Horn st

Cause of Death, First (Primary), Meningitis Simple

Second (Immediate), Exhaustion

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, May 26th 1885

Undertaker, John Kenney

Place of Business, 382 Orleans

Amos L. Gage M. D.
Medical Attendant.

Address, Broadway & Chase st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 83786

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83786 *Office of Registrar of Vital Statistics.* **Ward** 6"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John Wesley Gallup

Sex, Male ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 9 *Months,* 7 *Days,*

Color, White

Married, Single, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation Carpenter

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 147 Baltimore Street

Cause of Death, First (Primary), Unknown

Second (Immediate), Consumption or phthisis

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem,

Date of Burial, May 26th/83

Undertaker W. A. Saifer

Place of Business, 74 S. Howard,

Milton N. Taylor M. D.
Medical Attendant.

Address, 138 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...ction of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83787 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker of other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 26 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 25 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Guthrie

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 2 6 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Nurse

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence ~~in the City~~ of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} 142 Hudson St.

Cause of Death, First (Primary), Fibroid Tumor "Ovarian"

Second (Immediate), the whole cavity of Uterus.

Duration of Last Sickness, 2 yrs

All the above information furnished from Physician.

Place of Burial, Holy Cross

Date of Burial, May 27th 85

Undertaker, Francy

Place of Business, Paul & Wolf *Address,* 52 Aisquith

Edward P. McDivitt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83788 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benadria Schron

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 hours ~~Days.~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 21 S. Wolf St

Cause of Death, First (Primary), Premature Birth

Second (Immediate),

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, May 26th/85

Undertaker, G. France

Place of Business, Wolf & Bank St. *Address,* [illegible]

James A Steuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death [illegible]

[over.]

Emanuel Weinman. S. Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83789 *Office of Registrar of Vital Statistics.* Ward 5 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Lavelle

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, 79 *Years,* *Months,* *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} No 2 Webb st

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 26th 1885

Undertaker, James Byrnes

Place of Business, 110 N Gay st

James T Shinn M. D.

~~Medical Attendant~~

Address, Cam'g K & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Henry M McKewen Sanitary Inspector

No. 83790

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83790 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. H. J. O. Moffitt (Parents)

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* one *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 49 Fat Ave

Cause of Death, First (Primary),

Second (Immediate), Premature Birth (7 Mos

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cemet

Date of Burial, May 26/85 J. Thos. H. Mims M. D.

Undertaker, B. Hall Medical Attendant

Place of Business, ~~~ *Address,* Camp Nor R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in this city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83791 *Office of Registrar of Vital Statistics.* Ward 20 a

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 23d 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} W. Vincent Hardy

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~11~~ One *Years,* 2 *Months,* *Days.* ✓

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Prince George Co Md

Duration of Residence in the City of Baltimore, One month

Place of Death, {Give street and Number.} 37 Patterson Lane

Cause of Death, First (Primary), Bronchitis

Second (Immediate), " "

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, West Pub Cemty

Date of Burial, May 24/1885

Undertaker Fred'k A Kuchmer

Place of Business, 129 Arlington Ave

A K Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last illness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83792 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. MAY 26 1885

CERTIFICATE OF DEATH.

Date of Death, May 25 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Mana Cripps

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 8 *Months.* 22 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 54 Granby

Cause of Death, First (Primary), Scarlatina Anginosa

Second (Immediate), Asthenia

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, 26th 4 Oclock

Undertaker, James T. Boyce

Place of Business, 63 Front St

T. Gilmer M. D.
Medical Attendant.

Address, 1 S Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Physicians are respectfully invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83793 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W. F. C. Friedrich

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* — *Months,* — *Days,*

Color, White

~~Married~~, ~~Single~~, ~~Widow or~~ Widower, {Cross out the word not required in this line.} —

Occupation, Shoemaker.

Birthplace, {State of country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and Number.} 634 South Bond St.

Cause of Death, First, (Primary,) Old Age

Second, (Immediate.) General Debility

Duration of Last Sickness, 6 or 7 years

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 28/85

Undertaker, J. B. Cook

Place of Business, 707 W Balto

Edwd. A. Davis M. D.,
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 0 0 7 7 4

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83794 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or [illegible] if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25 – 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Garrison

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 70 *Years,* — *Months,* *Days*

Color, Mulatto

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Blacksmith

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland Fred. Co

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 87 Hanover Lane

Cause of Death, First (Primary), Heart Disease

Second (Immediate), Asthma

Duration of Last Sickness, 1 week

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 26th 1885

Undertaker, Saml W Crane

Place of Business, 198 E. Hanover *Address,* Balto Gen Dispy

J H Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83795 *Office of Registrar of Vital Statistics.* Ward 5 " "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or, sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Norris

Sex, Male or Female, {Cross out the word not required in this line.} F.

Age, 72 *Years,* *Months,* *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation, Lady

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 42 Chew St

Cause of Death, First, (Primary,) Valvular Dis of Heart

Second, (Immediate,)

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, 28th May 1885

Undertaker, H. W. Jenkins Son

Place of Business, Park & Saratoga Address 186 N. Augusta St

H. T. Kennedy M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

AK SAFETY FILM

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore, 20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83796.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline M. Kendall

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 46 *Years,* 6 *Months,* 8 *Days.*

Color, White

~~Married~~, ~~Single~~, Widow ~~or Widower~~, {Cross out the word not required in this line.}

Occupation, House-Keeper.

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 345 Lanvale St.

Cause of Death, First, (Primary,) Organic Heart Disease

Second, (Immediate,) Dropsy

Duration of last Sickness, 3 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cemetery

Date of Burial, May 28th 1885

John J. King M. D.
Medical Attendant.

Undertaker, STEWART & MOWEN, UNDERTAKERS, 45 Park Ave.

Place of Business, STEWART & MOWEN, UNDERTAKERS, 35 Park Ave.

Address, 215 N. Carrollton Av

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

KCD

No. 8379

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8379 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Percival T. Grange

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 25 *Days*

Color, White

~~Married, Single, Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation,~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Savannah Georgia

Duration of Residence in the City of Baltimore, 2 mos.

Place of Death, {Give Street and Number.} 741 W Lombard

Cause of Death, First (Primary), Acute Miliary Tuberculosis.

Second (Immediate), Pneumonia

Duration of Last Sickness, Sick since birth

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, May 27/85

Undertaker, J. B. Cook

Place of Business, 907 W. Balto St *Address,* 121 W Monument

L. E. Neale M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83798 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 25 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 25th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva A. Wemer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 1 yr. 8 mos.

Place of Death, {Give Street and Number.} #19 Concord St.

Cause of Death, First (Primary), Capillary bronchitis.

Second (Immediate), Apnoea.

Duration of Last Sickness, 9 days.

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetary.

Date of Burial, May 26th

Undertaker, ~~Sprenkle~~ & Oertel

Place of Business, 210 E. Balt. st. *Address,* Balto. Md. Dr. Wilson M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83799 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY REGISTRAR MAY 27 1885

CERTIFICATE OF DEATH.

Date of Death, May 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret E Wheeler

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 293 E. Preston St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Madison Forchester co

Date of Burial, May 26 1885

Undertaker, John W Jarboe

Place of Business, Hoy & Caroline Sts

Wm. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3739 Fremont

[OVER.]

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83800 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1885

CERTIFICATE OF DEATH.

Date of Death, May 25, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David A. Bedford

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* ——— *Months,* ——— *Days*

Color Ed

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 4 Eastern alley

Cause of Death, First (Primary), ———

Second (Immediate), Heart disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Chapel Cemetery

Date of Burial, May 27 1885

Undertaker, A. C. Hemsley

Place of Business, 116 Orchard st

Geo. A. Fleming M. D.
Medical Attendant.

Address, Franklin & Greene Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

[illegible] of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8380 / *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Stuart (Scott)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* *Days*

Color, Colored

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 5 Calhoun St City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 5 Calhoun St City

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, One Week

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, May 27

Undertaker, W Stanley

Place of Business, 116 Orchard

H J Hunt M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83802 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 24th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James P. Wright

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Inspector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 301 N. Ann St

Cause of Death, First (Primary), Unknown cause

Second (Immediate), Bright's Disease

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 27. 1885

Undertaker, Wm. H. Hickman

Place of Business, 2340 E. Gay St *Address,* 138 N. Broadway

Milton A. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83803 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1895.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Mussel.

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 74. *Years,* *Months,* *Days*

Color, White,

Married, ~~Single~~, Widow ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 50 Years.

Place of Death, {Give Street and Number.} 258 Light St.

Cause of Death, First (Primary), Senile Marasmus,

Second (Immediate), Exhaustion.

Duration of Last Sickness, One Week, Under Treatment 28 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, May 28/95

Undertaker, J. B. Cook

Place of Business, 707 W. Balto. St. *Address,* 273 Lexington St.

Arthur L. Brown M. D.
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83804 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE, MD. MAY 27 1895

CERTIFICATE OF DEATH.

Date of Death, May 25 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Wigelmyer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 88 S. Carey St

Cause of Death, First (Primary),

Second (Immediate), Intussusception of the Bowels

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Reform Ch

Date of Burial, May 27/95

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

Hermann Cortes M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83805 *Office of Registrar of Vital Statistics.* Ward 19 E

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 26 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas Gehan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 6 *Years,* 5 *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co Md

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 34 S. Carrollton Ave

Cause of Death, First (Primary), Malignant Diphtheria

Second (Immediate), Blood-poisoning

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem'y

Date of Burial, May 27 1885

Undertaker, F. B. Cook

Place of Business, 707 W Baltimore St. *Address,* Balto-Co Dispensary

J. M. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83806 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, May 27 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Freddie D. Sanford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, One *Years,* One *Months,* One *Days*

Color, B.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 25 Fountain St.

Cause of Death, First (Primary), Tubercular Meningitis

Second (Immediate), Cerebritis

Duration of Last Sickness, 1 Week

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, May 28th 1885

Undertaker, Denny & Whitehill

Place of Business, 66 S Broadway *Address,* 479 E Bros

G. L. Mitten M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore. 20

Permit No. 83807 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 27 1885

CERTIFICATE OF DEATH.

Date of Death, May 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Garfield Oliver

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* *Months,* *Days*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Co

Duration of Residence in the City of Baltimore, 9 months

Place of Death, {Give Street and Number.} E. Wilmot Ave.

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Meningitis

Duration of Last Sickness, one month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 28th 1885

Undertaker, J. D. Gray

Place of Business, 65 Bulbery *Address,* Franklin & Grave

Geo. A. Fleming M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83808 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 27 1885

CERTIFICATE OF DEATH.

Date of Death, May 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ora Gray Jennies

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 8 *Days*

Color, ad

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} #173 Orne Street

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, may 26 1885

Undertaker, Daniel Wp Chase

Place of Business, Hartford St *Address,* 306 E Fayette St

O M Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...cially invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83809

Office of Registrar of Vital Statistics.

Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED MAY 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary ~~Fogelsank~~ Vogelgesang

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 23 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Little York Pennsylvania

Duration of Residence in the City of Baltimore, 17 Years

Place of Death, {Give Street and Number.} 75 Johnson St

Cause of Death, First (Primary), Acute Rheumatism

Second (Immediate), Rheumatism of Heart

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 28

Undertaker, W. Hyde

Place of Business, 92 Hanover

O. A. Cooke M. D.
Medical Attendant.

Address, 710 Forest

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of [illegible]

Board of Health, City of Baltimore.

Permit No. 83810 *Office of Registrar of Vital Statistics.* Ward 9 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE MD.

Date of Death, May 26 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Emma Elizabeth Ramsey

~~Sex. Male or~~ Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days,*

Color, White

~~Married~~, Single, ~~Widow or~~ Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Anne Arundel Co Md

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give street and Number.} no 89 St Paul St

Cause of Death, First (Primary), ~~Pneumonia~~ Cerebral Congestion

Second (Immediate). Effusion and exhaustion

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 28th

Undertaker Wm J. Tickner

Place of Business, 65 S. Eutaw St *Address,* 1153 N Libery St

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this C...

Board of Health, City of Baltimore,

Permit No. 83811 *Office of Registrar of Vital Statistics.* Ward 9 61

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 27 188...

Date of Death, Tuesday May 26th 88 A.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Emilia Myers

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 1 *Years,* 2 *Months,* ... *Days,*

Color, Child

~~*Married, Single, Widow or Widower,*~~ { Cross out the word not required in this line. } ...

Occupation ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 2 Bethel Row

Cause of Death, First (Primary), Capillary Bronchitis

Second (Immediate) ...

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, [redacted] 69 [illegible]

Undertaker [redacted] *M. D.*

Place of Business, [redacted] *Address,* [redacted] Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8381/2 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Margaret H. Delaney

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} 174 E. Chase St.

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Old Cathedral

Date of Burial, May 28th

Undertaker, H. G. Wiedefeld

Place of Business, 90 Gilmor

Jno. Brooke Bayly M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83813 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 27 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 26th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Charles S. Schoenfield

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 27 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, General Agent

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 173 N. Calhoun Street.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Prostration and sequela of above

Duration of Last Sickness, About 2 months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, May 27 1885

Undertaker, Jas P Byrne

Place of Business, 63 N Front St *Address,* 38 Mt. Vernon Place

Dr. Lloyd Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83814 *Office of Registrar of Vital Statistics.* Ward 3 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, ~~June~~ May 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Anna Duke

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 66 Years, Months. Days

Color, Colored

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} West River Md.

Duration of Residence in the City of Baltimore, Forty yrs.

Place of Death, {Give Street and Number.} S. E. Durham & St.

Cause of Death, First (Primary), Pleuro pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Laurel, cem

Date of Burial, May 28 1885

Undertaker, W. Blo Ikamp & Co

Place of Business, 263 E. Lombard

G. H. Lusk M. D.
Medical Attendant.

Address, 1391 E. Lee St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 83815 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 28 1885

CERTIFICATE OF DEATH.

Date of Death, May 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Howard M. Hinkle,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, One *Years,* 3 *Months,* *Days.*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 111 Willis St.

Cause of Death, First (Primary), Pneumonia Catarrhal,

Second (Immediate), Exhaustion

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, May 28. 1885.

Undertaker Wm. H. Hickman

Place of Business, 234 N. Gay St. *Address,* 133 N Eutaw St.

J. W. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore, 75

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83816

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 26 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 25 | 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. Hess.

Sex, Male or Female, {cross out the word not required in this line.} Male

Age, 81 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation, Merchant

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number} N.W. Cor. Greene & Germain

Cause of Death, First, (Primary.) .....

Second, (Immediate,) Paralysis

Duration of last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Fell Point Ch Cemetery

Date of Burial, May 28

Louis H. Knight M. D.
Medical Attendant.

Undertaker, Wm Eilau

Place of Business, 101 Bank St *Address,* 112 N Greene

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 83817 *Office of Registrar of Vital Statistics,* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 28 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo'd W. Baldwin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 15 *Years,* *Months,* *Days* 1

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} Boys' Home

Cause of Death, First (Primary), Heart disease, Mitral, [redacted] important aortic lesions

Second (Immediate), [redacted] Exhaustion

Duration of Last Sickness, 6 Mo

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, May 28th 4 P.M

Undertaker, Wm Keys

Place of Business, Cor Lexington & Eutaw Sts

Geo B. Reynolds M. D.
Medical Attendant.

Address, 171 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 83818

Office of Registrar of Vital Statistics.

18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or coroner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MAY 26 1885

CERTIFICATE OF DEATH.

Date of Death, May 27th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Chas. Wm. Egan

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, Years, 11 Months, 9 Days.

Color, White

~~Married~~, Single, ~~Widow or Widower~~. { Cross out the word not required in this line. }

Occupation, —

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and number. } 68 Ramsey St.

Cause of Death, First, (Primary.) Pneumonia

Second, (Immediate.)

Duration of Last Sickness, about six weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cem

Date of Burial, May 28th 1885

Undertaker, F. Lewis Schafer

Place of Business, 109 N Fremont

Chas. Holladay M.D.,
Medical Attendant.

Address, Carroll Balto Co. Md

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

...physicians is respectfully invited to the remarks below, and to List of Diseases on back of ...

Health Department, City of Baltimore.

Permit No. 83819 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 28. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo. C. Boerner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months.* ..... *Days*

Color, Fr.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 439 Amity Street

Cause of Death, First (Primary), ...

Second (Immediate), Old age & ~~Decomposed~~ wasting away with General

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 29/85

Undertaker, J. B Cook

Place of Business, 704 W Balto

C. W. Nefft M. D.
Medical Attendant.

Address, 306 N. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 8820

Office of Registrar of Vital Statistics.

Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie Layman

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 7 *Years,* 10 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 136 E Fayette St

Cause of Death, First (Primary),

Second (Immediate), Cerebral Congestion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, May 30/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

Jno A. Glass M. D.
Medical Attendant.

Address, 15 S. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Physician is respectfully invited to the Remarks Below, and to List of Diseases on Back of th...

Board of Health, City of Baltimore,

Permit No. 83821 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert & Lena Sauerwein

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Ten hours, *Years,* *Months,* *Days,*

Color, White.

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, None.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.

Duration of Residence in the City of Baltimore, 4

Place of Death, {Give street and Number.} No. 12. Tenant.

Cause of Death, First, (Primary,) Natural cause for a 7 mo. child.

Second, (Immediate,) " " " "

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Holy Cross Cemty

Date of Burial, May 28/85

Undertaker, Albt Sauerwein

Place of Business,

L. C. Olds. M. D.,
Medical Attendant.

Address, 1405 N. Gilmor.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 83822 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. MAY 28 1885

CERTIFICATE OF DEATH.

Date of Death, May 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Green

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 74 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Calvert Co, Md

Duration of Residence in the City of Baltimore, Seven mths

Place of Death, {Give Street and Number.} 76 N Ann St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), ...

Duration of Last Sickness, Seven hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29th 1885

Undertaker, J. J. Lucas

Place of Business, 413 Jefferson St

R. W. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83823

Office of Registrar of Vital Statistics.

Ward 13 1/2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1885

CERTIFICATE OF DEATH.

Date of Death, May 25, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} gave name of Albert Foote

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Dont Know

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dont Know

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} about 3 days

Cause of Death, First (Primary), Unknown if Maryland

Second (Immediate), Cerebro Spinal Meningitis

Duration of Last Sickness, Exhaustion

All the above information should be furnished by the Physician. about 7 days

Place of Burial, West Side County

Date of Burial, May 27/1885

Undertaker, Fred A Kuehner

Place of Business, 129 Arlington Ave

Wm A James M. D.

Coroner Medical Attendant.

Address, 326 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83824 — *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gideon C Elliott

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 6 *Years,* 8 *Months,* — *Days*

Color,

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 530 W. Pratt St

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cem.

Date of Burial, May 29/83

Undertaker, J. B. Cook

Place of Business, 707 Baltimore *Address,* 343 N. Londo

C. W. Coltrin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 83825 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Morris Moore

Sex, Male ~~or Female~~. { Cross out the word not required in this line. }

Age, ... *Years,* Six *Months,* ..... *Days.*

Color, Mulatto

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, { Cross out the word not required in this line. }

Occupation .....

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, ...

Place of Death. { Give street and Number. } 47 Hunter St

Cause of Death. { First (Primary), Diarrhoea / Second (Immediate), Convulsions

Duration of Last Sickness, About 3 weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, May 28-1885

Undertaker W W Maddux

Place of Business, 46 East Pr

J. B. Schwatka M. D.
Medical Attendant.

Address, Cor Bway & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83826 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Regina Fowler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A. & Co. Md "

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 170 Hanover St

Cause of Death, First (Primary),

Second (Immediate), Softening of the Brain

Duration of Last Sickness, 3 or 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, May 29/1888

Undertaker, Armiger Chas

Place of Business, 963 Light

Thomas Boyle M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8382 7

Office of Registrar of Vital Statistics.

Ward 17 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT MAY 28 1885 BALTIMORE, MD.

Date of Death, May 26. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Rouse

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 45 *Years,* 5 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Slater

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give Street and Number.} 398 E Charles St

Cause of Death, First (Primary), Fall from Roof

Second (Immediate), Internal Injuries Fracture Ribs &c

Duration of Last Sickness, 5 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, May 29

Undertaker, B. Hall

Place of Business, 52 West St

Thomas Otto M. D.
Medical Attendant.

Address, 469 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83828 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 28 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 27 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Coler Crayton

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months.* 6 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 75 Randall st

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Congestion Brain

Duration of Last Sickness, 3 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Lauderpark Cem

Date of Burial, May 29th 1885

O. A. Cooke M. D.
Medical Attendant.

Undertaker, Julius Koehler

Place of Business, Sharp & Cross *Address,* 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83827 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. MAY 28 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 27th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} L Courtenay O'Donnell

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single,~~ ~~Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Merchant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 277 N Calvert St.

Cause of Death, First (Primary), Chronic alcoholism.

Second (Immediate), Exhaustion.

Duration of Last Sickness, a few months only

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, May 29th 1885

Undertaker, Steward & Mowen

Place of Business, 35 Park ave

Hart P. Smith M. D.
Medical Attendant.

Address, 46 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of...

Health Department, City of Baltimore.

Permit No. 83830 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, MAY 26 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jennie Rabe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 3 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 237 S Dallas St.

Cause of Death, First (Primary), Croup (Diphtheritic)

Second (Immediate),

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, ~~Bolt Cemetery~~ Mt Carmel

Date of Burial, May 29th 1885

Undertaker, Leonhard Feurz

Place of Business, 252 S. Bond Street

John H. Rehberger M. D.
Medical Attendant.

Address, 2443 Alice Anne St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83831 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Avis Lusk

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 4 *Years,* 8 *Months.* *Days*

Color, ~~White~~ White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} #97 N. Eden St.

Cause of Death,
First (Primary), Pseudo Membranous Croup
Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Dem.

Date of Burial, May 30/85

Undertaker, W. A. Taylor

Place of Business, 74 S. Eden

E. L. Bruns M. D.
Medical Attendant.

Address, 375 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83832

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Hannen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* ..... *Months,* ..... *Days.*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Deceased

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Ireland

Duration of Residence in the City of Baltimore, about 35 yrs

Place of Death, {Give street and number.} Eager St. & No 384 W

Cause of Death, First (Primary,) Cancer of Stomach

Second (Immediate,) Exhaustion

Duration of Last Sickness, Some Months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, May 29th 1885

Undertaker, Wm Weaver

Place of Business, No 202 N Eutaw St

Wm H. Lockwood M. D.
Medical Attendant.

Address Park Ave & Madison St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, so far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK S

Health Department, City of Baltimore.

Permit No. 83833 *Office of Registrar of Vital Statistics.* Ward 5-7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S DEPARTMENT MAY 28 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Lee Harris

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 6 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give Street and Number.} 178 Aisquith St

Cause of Death, First (Primary), Hypertrophy of Heart

Second (Immediate), Asphyxia

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, May 29th

Undertaker, Geo Schilling

Place of Business, Ashland & Lyman

Jno. L. Russell M. D.
Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of...

Health Department, City of Baltimore.

Permit No. 23834 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Levi Balster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 73 *Years,* — *Months.* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 25 Years

Place of Death, {Give Street and Number.} 449 Canton Ave

Cause of Death, First (Primary), old age and

Second (Immediate), Malaria

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem

Date of Burial, May 29 1885

Undertaker, Henry me Ginnis

Place of Business, 5 & 7 N Central Ave *Address,* 5 & 7 N Eden St.

E. Jos Cummings M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83835 — *Office of Registrar of Vital Statistics.* — Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
MAY 29 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Late at night 27 May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Boyle

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 6 *Years,* 1 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ Single Widow Widower

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 207 S Ann St

Cause of Death, First (Primary), Diphtheria

Second (Immediate),

Duration of Last Sickness, Eight days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, 30 May

Undertaker, Wendelle Zippel

Place of Business,

D. M. Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83836 *Office of Registrar of Vital Statistics.* Ward 17 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Morgan

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Richmond Virginia

Duration of Residence in the City of Baltimore, 21 hours

Place of Death, {Give Street and Number.} 53 Fort av

Cause of Death, First (Primary), Congestive Chill -

Second (Immediate), Convulsions

Duration of Last Sickness, 21 hours

All the above information should be furnished by the Physician.

Place of Burial, Richmond Virginia

Date of Burial, May 29th

Undertaker, B. Harle

Place of Business, No. 82 West

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort av -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of...

Health Department, City of Baltimore.

Permit No. 83837 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 27th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Joseph Kelly jan

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 25 Pleasant St

Cause of Death, First (Primary), Apoplexy, Hemorrhage of

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St Vincents

Date of Burial, May 29th 1885

Undertaker, H. W. Means

Place of Business, 45 & 47 E. Fayette St *Address,* 171 N Calvert St

Geo. B. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83838 *Office of Registrar of Vital Statistics.* Ward 17 4/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 29 1885

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margarit Osborne

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 85 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Delaware

Duration of Residence in the City of Baltimore, 14 yrs

Place of Death, {Give Street and Number.} 27 Randal St

Cause of Death, First (Primary),

Second (Immediate), Old age

Chronic Cause

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 30th

Undertaker, B. Hearle

Place of Business, No 12 West St

R. C. Lee M. D.
Medical Attendant.

Address, Diamond Barn St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83839 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE MAY 29 1885

CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis T. Ward

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 1 yr.

Place of Death, {Give Street and Number.} 13 E Warren

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Collapse

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, St's Haven Md

Date of Burial, May 30th 1885

Undertaker, T. H. Troll

Place of Business, 631 Hanover St

R. H. Ellis M. D.
Medical Attendant.

Address, 313 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3741 Hanover [OVER.]

Health Department, City of Baltimore.

Permit No. 83840 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ah Tuck

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Thirty-two *Years,* ~~*Months,*~~ ~~*Days*~~

Color, Yellow

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} China

Duration of Residence in the City of Baltimore, Sixteen months

Place of Death, {Give Street and Number.} No. 463 W. Fayette St.

Cause of Death, First (Primary), Hypertrophy of heart

Second (Immediate), Suffocation

Duration of Last Sickness, About 5 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30, 1885

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St. *Address,* 120 N. Greene St.

F. B. Gardner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back ...

Health Department, City of Baltimore.

Permit No. 83841 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BRANCH OFFICE MAY 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annis Abich

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 65 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bulliatry

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 290 Jefferson St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Bals Cemetery

Date of Burial, June 1 1885

Undertaker, John W Jackson

Place of Business, Gay & Caroline Address 501 Gay & Caroline

S W Bloser M.D

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83842 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE MAY 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Arthur Joines

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 Weeks *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 104 N Eden st

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, May 30th 1885

Undertaker, Geo Schilling

Place of Business, Sisquith & Gay 4th *Address,* Cam & R

James H Heines M. D.
~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKewen Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 83843 *Office of Registrar of Vital Statistics.* Ward 8 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HEALTH DEPARTMENT
MAY 30 1895
REGISTERED

CERTIFICATE OF DEATH.

Date of Death, May 28th 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas Thomas

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Barber

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 99 E Biddle St

Cause of Death, First (Primary), Consumption

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Ct

Date of Burial, June 1st 1895

Undertaker, Henry Haeck

Place of Business, 309 N Central Ave *Address,* 188 N Gilmor St

Chas J Cook M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...e Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 83844 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE MAY 30 1885 BOARD OF HEALTH

C

CERTIFICATE OF DEATH.

Date of Death, May 29. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Blaulener

Sex, ~~Male~~ *or Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow*~~ *or Widower,* {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 943 W Pratt St

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate), Exhaustion

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 31st 1885

Undertaker, John P. Sanders

Place of Business, #66 Fred. Ave *Address,* 319 Hollins St

James Bosley M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of

Board of Health, City of Baltimore.

Permit No. 83843 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH MAY 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

C

Date of Death, May 29th 6.10 A.M. 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Joseph Brogan C

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 2 *Years,* *Months,* *Days,*

Color, Brown

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth } Balto

Duration of Residence in the City of Baltimore, Natl. life

Place of Death, { Give street and Number. } 2 Bethel Court

Cause of Death. First (Primary), 2 Asthenia

Second (Immediate), Marasmus (Tuberculous)

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30th 1885

Undertaker Wm. H. Dungee

Place of Business, 62 East, St.

N. J. Keirle, M. D.
Medical Attendant.

Address, City Hosp. Bro. Disp.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 83846 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

MAY 30 1885

CERTIFICATE OF DEATH.

Date of Death, May 28 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua Martin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 300 Howard St.

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial May 30 1885

Undertaker, Hercules Row

Place of Business, 95 Low Wright

M. D.

Medical Attendant.

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83847 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 28th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Soland Jr

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Saw Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mass

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} 234 Asquith St

Cause of Death, First (Primary), Phthisis

Second (Immediate),

Duration of Last Sickness, Six months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, May 31. 1885

Undertaker, Wm H Hickman

Place of Business, 234 N. Gay St. *Address,*

Wm Whitridge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83848 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 29 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbara Heinemann

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 85 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 112 Mulliken

Cause of Death, First (Primary), Senility

Second (Immediate), Marasmus

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, 31st May 85

Undertaker, Henry Heinemann

Place of Business, 63 N. Eden St.

J. Fletcher M. D.
Medical Attendant.

Address, 245 S. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is respectfully invited to the Directions on Back, and to Law of Registration on Back of this.

Board of Health, City of Baltimore,

Permit No. 83849 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 30 1895

CERTIFICATE OF DEATH.

Date of Death, May 28th 95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm. McGarvell

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 5-8 (?) *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, Coach maker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} City Hospital

Cause of Death, First, (Primary,) Pneumonia

Second, (Immediate,) Coma

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem

Date of Burial May 31 1895

Undertaker H. B. Sanders Son

Place of Business 252 Carlton St

E Van Hood M. D., Medical Attendant.

Address, City Hosp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cert...

Board of Health, City of Baltimore.

Permit No. 83850 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MAY 30 1885

a

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emma Haupt,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 12 *Years,* 11 *Months,* 4 *Days.*

Color, White,

Married, Single, Widow or ~~Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Lifetime,

Place of Death, {Give street and Number.} 87. Arlington ave

Cause of Death, First (Primary). Mitral regurgitation,

Second (Immediate). Exhaustion

Duration of Last Sickness, One year.

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, May 30/85

Undertaker J. B. Cook

Place of Business, 707 W Balto St *Address,* 133 N Eutaw

F. W. Chambers M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83857

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 30 1885

CERTIFICATE OF DEATH.

Date of Death, Saturday May 30th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Nugent,

Sex, ~~Male~~ or Female, {cross out the word not required in this line.}

Age, 62 *Years,* 10 *Months,* 5 *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Newark, N. Jersey

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give street and number} 757 Saratoga St

Cause of Death, First, (Primary,) Bright's Disease

Second, (Immediate,) Uraemia

Duration of last Sickness, Two days, Commencement of Bright's uraemia

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, June 1/85 Charles Getz, M. D.

Medical Attendant.

Undertaker, J. B. Cook

Place of Business, 47 W Balto St *Address,* 579 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83852 — *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 29

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Connolly

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 29 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 180 N Calvert

Cause of Death, First (Primary), ...

Second (Immediate), Disease of heart

Valvular

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 31st

Undertaker, H. C. Wiedefeld & Co

Place of Business, 9a Guilford Ave

Wm. Woolridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 83853 *Office of Registrar of Vital Statistics.* Ward 10 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5. 28. 85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Alice H. Murphey

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 24 *Years,* 7 *Months,* *Days,*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Teacher Public School

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Washington D.C.

Duration of Residence in the City of Baltimore, 12 Years

Place of Death, {Give street and Number.} 280 Saratoga St

Cause of Death, First, (Primary,) Consumption

Second, (Immediate,)

Duration of Last Sickness, 2 Years

All the above information should be furnished by the Physician.

Place of Burial, Loudenbeck

Date of Burial, May 30th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 109 N Fremont

Lewis McCosman M. D., Medical Attendant.

Address, 249 Lee

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 838.57 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK'S OFFICE MAY 30 1885 BALTIMORE MD.

B

CERTIFICATE OF DEATH.

Date of Death, May 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie B. Powers

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* — *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Finksburg Carroll Co. Md

Duration of Residence in the City of Baltimore, About 18 mos.

Place of Death, {Give Street and Number.} 193 Linden Ave

Cause of Death, First (Primary), Disease of Heart.

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Finksburg Carroll Co Md

Date of Burial, May 31st 1885

Undertaker, Wm. H. Weaver

Place of Business, No 202 N. Eutaw

H. E. Rowberry, M. D.
Medical Attendant.

Address, Linden ave. & Hoffman St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3742 Hanover

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83855 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Turner

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Easton, Talbot County, Md.

Duration of Residence in the City of Baltimore, Thirty Six years

Place of Death, {Give Street and Number.} 14 N Washington St.

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Four years

All the above information should be furnished by the Physician.

Place of Burial, Int Carmel

Date of Burial, May 31st 85

Undertaker, Wm S. Ley

Place of Business, 81 h Broadway *Address,* 207 N Broadway

Nicholas L Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This C...

Health Department, City of Baltimore.

Permit No. 83856 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. MAY 30 1885

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry H. Rusin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Kent Co Md

Duration of Residence in the City of Baltimore, About 6 Yrs

Place of Death, {Give Street and Number.} 48 Stirling St

Cause of Death, First (Primary), Senile prostration

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Kent Co Md

Date of Burial, May 31st 1885

Undertaker, John N. McEvoy

Place of Business, 22 N. Fayette St

Sept. Bell M. D.
Medical Attendant.

Address, 161 S. Stricker St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3743 Transit

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83857 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY REGISTRY MAY 30 1885

CERTIFICATE OF DEATH.

Date of Death, May 29 "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Fiick

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~~ *Years,* ~~~ *Months,* 7 *Days*

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} # 55 Forrest St.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 29th/85

Undertaker, W. M. Lunsford

Place of Business, East St

Thomas F Cleary M. D.
~~Medical Attendant.~~

Address, Camp & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ch by

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Las Goldsborough Sanitary Inspector

The Special Attention of Physicians is respectfully invited to the ... of this Certificate.

Health Department, City of Baltimore.

Permit No. 83858 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jr. Edward Adams

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give Street and Number.} No. 116 N. Eden Street

Cause of Death, First (Primary), ...

Second (Immediate), Diphtheria

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 30th 85

Undertaker, G. France

Place of Business, 1 Bank & Wolf Sts. *Address,* 211 S. Broadway

W. H. Watts M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83859 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 28th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Thomas Walsh

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 16 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} No. 240 Bond

Cause of Death, First (Primary), ...

Second (Immediate), Phthisis

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem

Date of Burial, May 31st '85

Undertaker, G. France

Place of Business, 9 Park & Wolfe Address, 9 N. Park

J. H. Buxton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 83860. *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Amerein

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 42 *Years,* *Months,* *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give street and Number.} 173 S. Madeira Alley

Cause of Death, First (Primary), Consumption.

Second (Immediate).

Duration of Last Sickness, 1 year

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, May 31st 85

Undertaker G. France

Place of Business, 1 Bank & Wolfe Sts. *Address,*

G. [illegible], M. D.
[illegible] Baltimore St.
BALTIMORE, MD.

P. S. Hatter M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 83861 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amanda M Swinvalt

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 51 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, From boy the

Place of Death, {Give Street and Number.} 229 Tremont St

Cause of Death, First (Primary), Bronchitis

Second (Immediate), Exhaustion

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 1st 85

Undertaker, J E Longnecker

Place of Business, 198 Penna Ave *Address,* 154 W Fayette

W H Crim *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 83862 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Yeager

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 58 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Widower~~

Occupation, Cooper

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 37 E. Foundry Alley

Cause of Death, First, (Primary,) Suicide by Hanging

Second, (Immediate,) "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, May 30th 1885 S. A. Bell M. D.,

Undertaker, Ernst Schlosser Coroner's Attendant,

Place of Business, 187 Shars Alley Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore.

Permit No. 83863 Office of Registrar of Vital Statistics. Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MAY 30 1885

CERTIFICATE OF DEATH.

Date of Death, May 28th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Phebe Bittone

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 9 *Months,* ..... *Days,*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} ✓

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 mos

Place of Death, {Give street and Number.} Jenkins alley

Cause of Death, First (Primary), ...

Second (Immediate). Cholera Infantum

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, May 30 1885

Undertaker A. L. Hunneberg

Place of Business, Merchandise

B. S. Tilcombe M. D.
Medical Attendant.

Address, 616 W. Baltimore St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

Permit No. 83864 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the prompt filling of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Margaret Erben

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or~~ *Widower,* { Cross out the word not required in this line. } V

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } [redacted] Russia

Duration of Residence in the City of Baltimore, 26 years

Place of Death, { Give street and Number. } 117 Eden St

Cause of Death, { First (Primary), ; Second (Immediate), } ~~Cor~~ Paralysis

Duration of Last Sickness,

the above information should be furnished by the Physician.

Place of Burial, Cemetery of Holy Redeemer

Date of Burial, May 31st 1885

Undertaker Jas O Byrne

Place of Business, 63 Fremont *Address,*

C S Mahon *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Co...

Health Department, City of Baltimore.

Permit No. 83865 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 30 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 29 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Barbary Myer

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 5 *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Anne Arundle County Md

Duration of Residence in the City of Baltimore, 3 Years

Place of Death, {Give Street and Number.} 4 Barney St

Cause of Death, First (Primary), Cerebro-Spinal-Meningitis

Second (Immediate),

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, May 31

Undertaker, J. B. Gill & Co

Place of Business, 82 West St

Oct. Cooke M. D.
Medical Attendant.

Address, 110 Forrest

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83866 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD. MAY 31 1885

CERTIFICATE OF DEATH.

a

Date of Death, May 30 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Johns

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months,* — *Days*

Color, Col.

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Always

Place of Death, {Give Street and Number.} No. 90 Chestnut St.

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), —

Duration of Last Sickness, About 10 mos.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub. Cem.

Date of Burial, May 31

Undertaker, Geo Rinehart

Place of Business, 23 Front Place

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83867 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH MAY 31 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 29th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellenora Cole

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, 3 Months, Days

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 32 Wagon Alley

Cause of Death, First (Primary), Spasms

Second (Immediate), Since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp st Cem

Date of Burial, May 31st 1885

Undertaker, Wm N Dungee

Place of Business, 62 East st

Samuel Chew M. D.

Medical Attendant.

Address, Cam J M & R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or, the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Henry M McKeown Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 53868 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 2 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew Jamieson.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 75 *Years,* —*Months,* —*Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} V

Occupation, Musician.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna.

Duration of Residence in the City of Baltimore, 30 Years.

Place of Death, {Give Street and Number.} 1015 N Stricker St.

Cause of Death, First (Primary), General debility.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Several months.

All the above information should be furnished by the Physician.

Place of Burial, Green mount cemetery

Date of Burial, June 1st 1885

Undertaker, Denny and Mitchell

Place of Business, 550 W fayette st

Address,

Howard Hunt M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY

Health Department, City of Baltimore.

Permit No. 8869 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT MAY 31 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, May 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Amelia Henry

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, 1 *Years,* *Months.* 2 *Days*

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 67 Duncan alley.

Cause of Death,
First (Primary),
Second (Immediate), Pneumonia

Duration of Last Sickness, 56 Days

All the above information should be furnished by the Physician.

Place of Burial, Fallen B Co

Date of Burial, May 31st 85

Undertaker, Wm S Hay

Place of Business, 51 N Bradford *Address,* 137 Orleans

J J Guiteras *M. D.*
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 83870 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
MAY 31 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H Slawter

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 408 S Paca St

Cause of Death, First (Primary), Diarrhea

Second (Immediate), Marasmus

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 1st 1885

Undertaker, Julius Kochler

Place of Business, Sharp & Cross Sts. *Address,* 701 S Howard

..... *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 8387 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT MAY 31, 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 30 - 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kuma Konaka

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 30 *Years,* — *Months.* — *Days*

Color, Mongolian

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Nagasaki Japan 20 months

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 40 Lexington st.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 6 days - about

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 1/95

Undertaker, W^m J. Tickner

Place of Business, 66 S Eutaw

D. Sheets M. D.
Medical Attendant.

Address, 1409 Eden st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below. [illegible] Side of this

Board of Health, City of Baltimore,

Permit No. 83872 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, MAY 31 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 5. 30. 85.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie E. Preston

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 2 3 *Years,* 8 *Months,* *Days,*

Color, White

Married, ~~*Single, Widow or Widower,*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and Number. } 27 Bailey ave

Cause of Death, { First, (Primary,) Consumption / Second, (Immediate,) }

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 1

Undertaker, B. T. Hall

Place of Business, 82 West St *Address,* 349 Lexington

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 38873 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. MAY 31 1885

CERTIFICATE OF DEATH.

Date of Death, May 31/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha E. Minnemite

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months.* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 109 Mulberry St.

Cause of Death, First (Primary), Spina Bifida

Second (Immediate), Convulsions.

Duration of Last Sickness, From Birth

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, May 31st 1885

Undertaker, F. Levis Schaefer

Place of Business, 109 N Fremont St *Address,* 188 Franklin

H. Miller M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83874 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 28-1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rachel Gray

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 80 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Washerwoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} # 21 Shuter St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Exhaustion

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, May 31 1885

Undertaker, William Berger

Place of Business, #62 East St

Geo. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83875 — *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} D. R. Crawford

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 25 *Years.* — *Months.* — *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 115 Conway St

Cause of Death, First (Primary), Typho Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore

Date of Burial, June 1st 1885

Undertaker, Armstrong Denny

Place of Business, 263 Light

O. A. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 83876 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mother—Mary Branch
Father—Unknown.

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 1 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, 1 day

Place of Death, {Give Street and Number.} 85 Harford Ave.

Cause of Death, First (Primary), Drowning

Second (Immediate),

Duration of Last Sickness, unknown

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, June 1st 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place *Address,* 108 Aisquith St.

C. Hall Rutledge M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83877 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, May 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Eversman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days*

Color, white

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} 81 South Grand St

Cause of Death, First (Primary), Gangrene

Second (Immediate), Septicaemia

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 2 '85

Undertaker, Edward A Lies

Place of Business, ... *Address,* Broadway & Bank

Isle Benzinger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Frankl 3779

Health Department, City of Baltimore.

Permit No. 83878 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Miller

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 33 *Years,* *Months,* *Days*

Color, white

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, Saleslady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} N 300 Light St.

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), The Same

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, London Parish Cem.

Date of Burial, June 1st 1885

Undertaker, John Kenney

Place of Business, 882 Orleans St *Address,* 169 N. Gilmor St

Henry Schuh M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83879 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

Date of Death, May 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos P Bard

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 73 *Years,* ..... *Months,* ..... *Days*

Color, wht

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, ——

Place of Death, {Give Street and Number.} 183 Mc Culloch St

Cause of Death, First (Primary), Paralysis and old age

Second (Immediate), ...

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 2/ 85

Undertaker, Chas F Semmes

Place of Business, 2 1/2 N Eutaw

G Lane Tanyhill M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 83880 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 31. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Mc. Cundy

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 21 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md Lifetime

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 422 Orleans St.

Cause of Death, First (Primary), Albuminuria

Second (Immediate), ~~Coma~~, Uraemia

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt Carmel

Date of Burial, June 1st 85

Undertaker, Wm S. Fry

Place of Business, 87 W Baltimore

G. G. Rink M. D.
Medical Attendant.

Address, Balt. & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 83881 Office of Registrar of Vital Statistics. Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

Date of Death, Monday June 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Joseph Mahoney Dawes

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 47 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Capt of Bay Steamer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Warrenton Co Mo

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give street and Number.} 155 N. Carey St

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate),

Duration of Last Sickness, Two hours

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3 85

Undertaker Ann J Fry

Place of Business, 814 Broadway Address, 51 N. Calvert St

Gundry M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of [illegible]

Health Department, City of Baltimore.

Permit No. 83884 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Magdalena Hamm

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 53 *Years,* 1 *Months.* 6 *Days*

Color, White

~~*Married, Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 17 yrs.

Place of Death, {Give Street and Number.} Belle-Air Ave. ext.

Cause of Death, First (Primary), Carcinoma (intestinal)

Second (Immediate), Peritonitis

Duration of Last Sickness, Three mos.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 2nd

Undertaker, Geo. Schilling

Place of Business, Ark and Eutaw *Address,* Bal. & Hanover sts.

H. H. Lusk M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. {OVER.}

Health Department, City of Baltimore.

Permit No. 83883 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE

Date of Death, 31 May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emily V. Dunigan

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 45 *Years,* — *Months.* — *Days*

Color, White

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 48 N. Eden St.

Cause of Death, First (Primary), Carcinoma Uteri (verified by P.M. Examination)

Second (Immediate), Exhaustion (asthenia).

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 3rd 1885

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway *Address,* 34 E. Balt. St.

B. F. Conard *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Permit No. 83884 *Office of Registrar of Vital Statistics.* Ward 19 1

The Physician who attends any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

Date of Death, June 1st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ann Egan

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, 87 *Years,* *Months,* *Days.*

Color,

~~*Married*~~, *Single,* ~~*Widow or Widower.*~~ { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ireland

Duration of Residence in the City of Baltimore, 78 years

Place of Death, { Give street and Number. } Aged Women's Home

Cause of Death, First, (Primary,) Senile Decay

Second, (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 2nd 85

Undertaker, Newgent & Son

Place of Business, Park & Saratoga Sts

Geo H Lyster M. D.,
Medical Attendant.

Address, 1 Waverly Terrace

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Health Department, City of Baltimore.

Permit No. 83885 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 1 1885

Date of Death, May 31st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Catherine Creighton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 66 Years, ... Months. ... Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, about 34 years.

Place of Death, {Give Street and Number.} 76 Wilkens St.

Cause of Death, First (Primary), ...

Second (Immediate), Apoplexy.

Duration of Last Sickness, one week.

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 2nd

Undertaker, Saml. Flynn

Place of Business, 109 West St.

John M. White M. D.
Medical Attendant.

Address, 342 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over}

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of th

Board of Health, City of Baltimore.

Permit No. 85886 *Office of Registrar of Vital Statistics.*, Ward 8 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT JUN 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, May 30 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Isabella McCann Combs

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 16 *Years,* — *Months,* — *Days,*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 9 Greenmount Ave.

Cause of Death, First (Primary), Pthisis —

Second (Immediate), 4

Duration of Last Sickness, Two months

the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 2nd 1885

Undertaker Wm H Hickman

Place of Business, 2340 E. Gay St *Address,* 100 Park

J. Duncan Cullen (M. D.)
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 83887 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosa Lee Chaney

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* ... 6 *Months,* ... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 6 Parrish alley

Cause of Death, First (Primary), Marasmus

Second (Immediate), Quantum

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 21 85

Undertaker, J. B. Cook

Place of Business, 707 W Balto St

James Bailey M. D.
Medical Attendant.

Address, 217 Hillman

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Permit No. 83888 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

97

CERTIFICATE OF DEATH.

RECEIVED JUN 1 1885

Date of Death, May 31. '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Giuseppi Saracino

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 40 *Years,* —— *Months.* —— *Days*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the words not required in this line.} V

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Italy - 2 years

Duration of Residence in the City of Baltimore, One year

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Pneumonia (lobar)

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 1 / 85

Undertaker, J. B Cook

Place of Business, 707 W. Balto St

C. W. Mitchell M. D.
Medical Attendant.

Address, University Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83889

Office of Registrar of Vital Statistics. 6 11

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, May. 31st

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas, Penn

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, Junk. Dealer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Harford Co.

Duration of Residence in the City of Baltimore, 15 years.

Place of Death, { Give street and number. } Bradford. Alley No Number between Orleans & Fayette St & near Orleans

Cause of Death, First, (Primary.) Asthma

Second, (Immediate.) Exhaustion

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, E. Pul-Cemetery

Date of Burial, June 1st 1885

Undertaker, Geo Rinehart

Place of Business, ———

Geo Bachman M.D.,
Medical Attendant.

Address, 380 E. Fayette St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83890 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

H

CERTIFICATE OF DEATH.

Date of Death, June 1st — 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* — *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum

Cause of Death, First (Primary), ~~St. Vincent's Infant Asylum~~ Diarrhea.

Second (Immediate), Exhaustion —

Duration of Last Sickness, 15 days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 2/85

Undertaker, Robert Robinson.

Place of Business, Dinsmore & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem Av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8389 *Office of Registrar of Vital Statistics.* Ward 12 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 1 1885 BALTIMORE

Date of Death, June 1st - 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John William -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months,* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto -

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum.

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Life.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 2/85

Undertaker, Robert Robinson.

Place of Business, Dixon & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av, Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83892

Office of Registrar of Vital Statistics.

10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE, MD.

Date of Death, June 1 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Mowbray

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 73 *Years,* *Months,* *Days.*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the word not required in this line.} Widower

Occupation, Clerk

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 316 Franklin St,

Cause of Death, First, (Primary.)

Second, (Immediate.) Angina Pectoris

Duration of Last Sickness, 13 Days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 2d 1885

Jno. T. Powell M.D.,
Medical Attendant.

Undertaker, H. Lewis Schaefer

Place of Business, 109 W Fremont *Address,* 227 Carrollton Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Occ

No. 25095

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83893. *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. CITY
JUN 1 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Monday June 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Betty Hay

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 28 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Housewife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} North Carolina

Duration of Residence in the City of Baltimore, 9 years

Place of Death, {Give Street and Number.} 58 S. Green St

Cause of Death, First (Primary), Nervous Shock

Second (Immediate),

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem

Date of Burial, June 3/85

Undertaker, J. B. Coop

Place of Business, 707 W Balto St

L E Teale M. D.
Medical Attendant.

Address, 121 N. Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8389

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 1 1885 BALTIMORE MD.

Date of Death, May 30th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Adeline Jones

Sex, ~~*Male or*~~ *Female,* {cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months,* *Days.*

Color, light mulatto

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 41 St Marys st

Cause of Death { First, (Primary,) Phthisis
Second, (Immediate,) Pneumonia

Duration of last Sickness, 5 days.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2 1885

Undertaker, A. J. Hemsley

Place of Business, 116 Orchard st

John Dickson M. D.
Medical Attendant.

Address, 261 Eastern Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this.

Board of Health, City of Baltimore,

Permit No. 83895 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 1 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Comfort Hilliard

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 84 *Years,* ..... *Months,* ..... *Days,*

Color, Black

~~*Married*~~, ~~*Single*~~, *Widow* ~~*or Widower*~~, {Cross out the word not required in this line.}

Occupation, A Faithful Servant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Northampton Co — Virginia

Duration of Residence in the City of Baltimore, About twenty years

Place of Death, {Give street and Number.} 119 Dary Anne Street

Cause of Death, First, (Primary,) Old Age

Second, (Immediate,) Died by

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanpet Cemetery

Date of Burial, June 2. 1885

Undertaker, Alf Hemsley

Place of Business, 116 Orchard St *Address,*

H. P. C. Wilson M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully [illegible]

Board of Health, City of Baltimore,

Permit No. 83876 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah E Blake.

Sex, Male or Female, {Cross out the word not required, in this line.} Female.

Age, 41 *Years,* *Months,* *Days,*

Color, Colored.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation Cook.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 58 Division st

Cause of Death, First (Primary), Phthisis Pulmonalis,

Second (Immediate), Asthma

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2 1885

Undertaker W H Chase

Place of Business, 129 Howard st

John A Pennington M. D.
Medical Attendant.

Address, 134 N Carrollton Av.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to list of Diseases on back of

Health Department, City of Baltimore.

Permit No. 83897 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, May 31st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Hutchinson
Hutchinson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 16 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Dinwiddie Co Va

Duration of Residence in the City of Baltimore, 7 mos

Place of Death, {Give Street and Number.} 288 Du Burns

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mount Hill Md

Date of Burial, June 2nd 1886

Undertaker, Saml W. Chase

Place of Business, 198 S. Howard St

Lut Beck M. D.
Medical Attendant.

Address, 151 E Pratt

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3745 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of t...

Board of Health, City of Baltimore,

Permit No. 83898 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, May 31st 1895

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary S. Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days,*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balt. Md. Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 87 Valley St

Cause of Death, First (Primary), Rheumatism with Endocarditis

Second (Immediate), Embolism

Duration of Last Sickness, Several Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 3d

Undertaker Geo Schilling

Place of Business, Ashland Square

Thos. S. Latimer M. D.
Medical Attendant.

Address, 371 Eutaw Place

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 83879 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 13 *Years,* 10 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, All her life

Place of Death, {Give Street and Number.} 307 Fork ave

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Perforation of Bowels

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Lauchenpark Cem

Date of Burial, June 3 Th 1885

Undertaker, Julius Koehler

Place of Business, Sharpe & Crane *Address,* 106 Hanover St

Herbert Otte M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83900 *Office of Registrar of Vital Statistics.* Ward 19 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1, '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hammill

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Collector

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St Marys co. Md.

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 427 N Calhoun

Cause of Death, First (Primary), Sudden of

Second (Immediate), Angina Pectoris

Duration of Last Sickness, about 10 minutes

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 3d 1885

Undertaker, John J. Andrews

Place of Business, No 486 Druid Hill Ave

Wm A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Cer...

Board of Health, City of Baltimore,

Permit No. 83901 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~May 23rd~~ June 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Agnes Boslin

Sex, ~~*Male or*~~ *Female.* {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... *Months,* 21 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto,

Duration of Residence in the City of Baltimore, ...

Place of Death. {Give street and Number.} 11 Little Ross St,

Cause of Death, First (Primary), Dranition

Second (Immediate), ...

Duration of Last Sickness, Several days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 2

Undertaker H Ross

Place of Business 15 Lonsdale St

D. Ginglings M. D.
Medical Attendant.

Address, 152½ N. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83902 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Christian Troschmann

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 5 *Months.* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 134 N. Bond St.

Cause of Death, First (Primary), Unknown

Second (Immediate), Unknown Supposed from symptoms described that cause was Heart Disease

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, June 3 d 1885 Chas. A. Van Bibber M. D.
Medical Attendant.

Undertaker, John Henning

Place of Business, 382 Orleans *Address,* 47 Franklin St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on B...

Board of Health, City of Baltimore,

Permit No. 83903 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jacob S. Kerlinger

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Thirty-eight *Years,* Two *Months,* Twenty-seven *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation Coach maker

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Carroll Co. Md. V

Duration of Residence in the City of Baltimore, Five years

Place of Death, { Give street and Number. } 257 Argyle Ave.

Cause of Death, First (Primary), Organic disease of Heart & Lungs

Second (Immediate), Heart trouble

Duration of Last Sickness, about five mos.

All the above information should be furnished by the Physician.

Place of Burial, Westminster Md

Date of Burial, June 3d 1885

Undertaker F. Lewis Schaefer

Place of Business, 109 N Fremont *Address,* 152 Townsend St.

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3746 Bonnet [OVER.]

Board of Health, City of Baltimore, 20 W

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No: 83904

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur H. Ford

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 32 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} V

Occupation, Carpenter

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Detroit Mich

Duration of Residence in the City of Baltimore, twenty years

Place of Death, {Give street and number} 127 Penna ave

Cause of Death, {First, (Primary,) ..... Second, (Immediate,) consumption

Duration of last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary.

Date of Burial, June 3rd 1885. James A. Fechtig M. D.
Medical Attendant.

Undertaker, A. Kohde.

Place of Business, 78. Penn avenue, *Address,* 182 Saratoga St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

7

KODAK SAFETY FI

Health Department, City of Baltimore.

Permit No. 83905 *Office of Registrar of Vital Statistics.* Ward 15"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Dickson

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 21 *Years,* 10 *Months.* *Days*

Color, Col

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, House Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Five (5) Years

Place of Death, {Give Street and Number.} 99 Lee st

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Three (3) Months

All the above information should be furnished by the Physician.

Place of Burial, Cambridge Md

Date of Burial, June 2nd 1885

Undertaker, Saml W Chase

Place of Business, 198 S. Howard

E. Michaux M. D.
Medical Attendant.

Address, 158 E Lexington st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3747 Fawcett

[OVER.]

Health Department, City of Baltimore.

Permit No. 83906 *Office of Registrar of Vital Statistics.* Ward 19th.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sidney Horwood

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 8 *Months,* 6 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give Street and Number.} N. 871 W. Baltimore St

Cause of Death, First (Primary), Pulmonary Phthisis

Second (Immediate), The same

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 2nd 1885

Henry Jaber M. D.
Medical Attendant.

Undertaker, W. J. Eichner

Place of Business, 651 Eutaw St *Address,* 169 N. Charles St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8390 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J. D. Finson & Bettie Finson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 Minutes *~~Days~~*

Color, Col'd

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 17 Wasabe St

Cause of Death, First (Primary),

Second (Immediate), Pressure of Cord

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, N. Public Cemetery

Date of Burial, June 2d 1885

Undertaker, F. C. Parkinson

Place of Business, Arlington Ave *Address,* Same Place

James A Steuart M. D.

~~Medical Attendant~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

M. E. Roberts, Inspector

Health Department, City of Baltimore.

Permit No. 83908 *Office of Registrar of Vital Statistics.* Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st '83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William A. Jones

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, Twenty-one *Years,* ~~Months~~ ~~Days~~

Color, Brown

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Marys Co. Md.

Duration of Residence in the City of Baltimore, Seven weeks

Place of Death, {Give Street and Number.} No. 18 Oxford St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Typhoid fever

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Marys County Md

Date of Burial, June 2nd 1883 J. B. Gardner *M. D.*

Medical Attendant.

Undertaker, Alex Hemsley

Place of Business, 116 Orchard *Address,* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3748 Transcript

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 83909 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 31st May 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick Flannigan

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 68 *Years,* *Months,* *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 yrs

Place of Death, {Give Street and Number.} 277 Hanover

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cem.

Date of Burial, June 3 - 1885

Undertaker, Henry Megginis

Place of Business, No 8 n Central *Address,* 57 Barre

F. W. Nebling M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 83910

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 30th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Dickson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 33 *Years,* *Months,* *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant

Birthplace, {State or country (and how long in the United States, if of foreign birth.)} Maryland

Duration of Residence in the City of Baltimore, life

Place of Death, {Give street and number.} # 2 Security Alley

Cause of Death, First (Primary,) Cancer of Stomach (Scirrhous)

Second (Immediate,) Exhaustion

Duration of Last Sickness, Three Month

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2 1886

Undertaker, William A Dunger

Place of Business, 62 East St

James J Beth M. D.
Medical Attendant.

Address 134 N Exeter St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83911

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Lockhart

~~*Sex, Male or* Female,~~ {Cross out the words not required in this line.}

Age, 90 *Years,* — *Months,* — *Days*

Color, White

~~*Married, Single,* Widow or *Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in United States, if of foreign birth.)} Baltimore Co.

Duration of Residence in the City of Baltimore, 50 years.

Place of Death, {Give street and number.} Home for the aged M.E. Church corner of Fulton & Franklin

Cause of Death, First (Primary,) Old Age

Second (Immediate,) Pulmonary congestion ending in Hemorrhage

Duration of Last Sickness, Ten days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 3d 1885

Undertaker, John L. Meacher

Place of Business, No 150 Cameron

C H Stagg M.D.
Medical Attendant.

Address, 58 N. Liberty St.

Extract from Regulations of the Board of Health to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons supintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

OVER.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 8391 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2d

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Liston Winstead Enos

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ... *Years,* 1 *Months.* ... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 385 Mc Henry St.

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Convulsions

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cy

Date of Burial, June 3rd 1885

Undertaker, John S Mackie

Place of Business, Pace & Loudon

H. H. Webner M. D.
Medical Attendant.

Address, 298 W Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

...Special Attention is required ... on the back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8913 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carl Thuetz

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 43 *Years,* ——— *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 10 years

Place of Death, {Give Street and Number.} 153. E. Fayette

Cause of Death, First (Primary), Hernia. (Strangulated)

Second (Immediate), Asthenia

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, St Matthews Cem.

Date of Burial, 3 of June /85

Undertaker, Henry Hofmann

Place of Business, 63 N. Eden St. *Address,*

W. H. Thomas *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83914 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 1st 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Patrick McNamara

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 12 years

Place of Death, {Give Street and Number.} 12 Shultz's Lane

Cause of Death, First (Primary) Chron. Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, 8 years

All the above information should be furnished by the Physician.

Place of Burial, Romaine Bros

Date of Burial, June 3rd 1885

Undertaker, H. Rosenberger

Place of Business, 70 Shultz's Lane *Address,* 103 E. 9th St

J. R. Clark M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 83915 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 2d June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dickerson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 41 *Years,* ..... *Months.* ..... *Days*

Color, Colored

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, House-worke

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 200 S. Howard St.

Cause of Death, First (Primary), Acute - Nephritis

Second (Immediate), Convulsions et coma

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 4 1885

L. D. Iges M. D.

Medical Attendant.

Undertaker, Hercules Row

Place of Business, 95 Con. Wey st *Address,* 146 Hill St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Schedule Below, and to Rules & Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83916 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 3 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Monk

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 39 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Employee B&O R.R.

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, All his life

Place of Death, { Give street and Number. } B&O R.R. Entrance Barre St

Cause of Death, First, (Primary,) Came to his death by Injuries

Second, (Immediate,) received by an Accident.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th 1885

Undertaker, Adam Fink

Place of Business, 461 N. Gay St

Jas. A. Bell M. D.,

~~Medical Attendant~~ Coroner's Physician

Address, 101 S. Stamp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83917 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, May 31 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Moses

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 73 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.} ✓

Occupation ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 28 years

Duration of Residence in the City of Baltimore, 24 S. High St

Place of Death, {Give street and Number.} Heart disease

Cause of Death, First (Primary), Dropsy

Second (Immediate), 6 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Hebrew B. G. Phila Road

Date of Burial, June 3d 1885

Undertaker Chas. F. Evans and Co

Place of Business, Cor Eager and Valley Sts *Address,*

A. K. Smith M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

(10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83918

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 3 1885 BALT

CERTIFICATE OF DEATH.

Date of Death, June 1. 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William Watsons,

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 105 *Years,* *Months,* *Days.*

Color, Mulatto *Sex,* M.

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, { Cross out the words not required in this line. } ✓

Occupation, Farmer

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Howard Co.,

Duration of Residence in the City of Baltimore, 5 years

Place of Death, { Give street and number. } 189 Pierce st,

Cause of Death, { First (Primary,) old age

Second (Immediate,) Shock from a fall,

Duration of Last Sickness, 4 mos.

All the above information should be furnished by the Physician.

Place of Burial, Howard County

Date of Burial, June 4th 1885

{ *Undertaker,* Alex Hennsley

{ *Place of Business,* 116 Orchard St,

J. L. Yate M. D.
Medical Attendant.

Address 217 Lanvale St.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83919 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 2, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Anderson

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months,* — *Days*

Color, White.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.} V

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 367 McHenry St. Remington

Cause of Death, First (Primary), —

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 3rd 1885

Undertaker, Jos B Cook

Place of Business, No 707 N Baltimore St

L. R. Wilson M. D.
Medical Attendant.

Address, 837 N. Pratt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83920 *Office of Registrar of Vital Statistics.* Ward 8 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1883

Full Name of Deceased. {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin P Jones

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* 9 *Months,* ✓ *Days,*

Color. W hite

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Cooper

Birthplace. {State or country, and how long in the United States, if of foreign birth} Maryland

Duration of Residence in the City of Baltimore, 70 years

Place of Death. {Give Street and Number.} Cor Biddle and Valley Sts

Cause of Death. First (Primary), Bright's disease of Kidneys

Second (Immediate), Asthenia

Duration of Last Sickness. Two years

All the above information should be furnished by the Physician.

Place of Burial. Baltimore Cemetery

Date of Burial, June 4. 1883

Undertaker H. V. Means

Place of Business, 115 N Eutaw St *Address,* 136 Columbia Ave

Geo R Grahaim M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, where the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8392 / *Office of Registrar of Vital Statistics.* **Ward** 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes O Lucas

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months.* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 3 years

Place of Death, {Give Street and Number.} 90 Vincent alley

Cause of Death, First (Primary), ...

Second (Immediate), Bronchitis

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, Peters

Date of Burial, June 3rd 1885

Undertaker, Samuel R Case

Place of Business, 96 Broad St

M K Warner M. D.
Medical Attendant.

Address, 2500 N Gay

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83922 *Office of Registrar of Vital Statistics.* Ward 7 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

B

CERTIFICATE OF DEATH.

Date of Death, June 3d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elinor B Shimer

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.}

Age, 90 *Years,* 5 *Months,* *Days*

Color, White

~~Married, Single,~~ *Widow* ~~or Widower,~~ {Cross out the words not required in this line.} V

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Somerset Co Md

Duration of Residence in the City of Baltimore, Fifty two (52) Years

Place of Death, {Give Street and Number.} N 258 Aisquith St

Cause of Death, First (Primary), Old Age

Second (Immediate), Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 4 83

Undertaker, W. A. Haiser

Place of Business, 1408 Broadway

E Hall Rutledge M. D.
Medical Attendant.

Address, 108 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

No. 8923

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83923. *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 3 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 2. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Bell Donaldson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Philadelphia Penna

Duration of Residence in the City of Baltimore, Eighteen Years.

Place of Death, {Give Street and Number.} No 490 N. Washington Street

Cause of Death, First (Primary), Mental Distress and Anaimia

Second (Immediate), Neuro-Asthenia

Duration of Last Sickness, Several Months - Acute 10 days.

All the above information should be furnished by the Physician.

Place of Burial, Bolla cemetery

Date of Burial, June 4 1885

Undertaker, John W Jackson

Place of Business, Gay & Caroline

J. F. Martenet M. D.

Medical Attendant.

Address, Belair Avenue

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8394 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John H. McGall

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 54 *Years,* *Months.* *Days*

Color, white

~~Married,~~ Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 50 years

Place of Death, {Give Street and Number.} 278 Frankfort St

Cause of Death, First (Primary), Alcoholism

Second (Immediate), Brights Disease

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 4th /85

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St.

Louis P. Horn M. D.
per E.H.K. Medical Attendant.

Address, 226 Mulberry

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate seting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83925 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

BALTIMORE REGISTRAR
JUN 4 1885
BALTIMORE

Date of Death, June 2/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Eser

Sex, ~~*Male*~~ or *Female,* {Cross out the word not required in this line.}

Age, 6 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, during life time

Place of Death, {Give Street and Number.} 358 S. Caroline St

Cause of Death, First (Primary), Typhoid Pneumonia

Second (Immediate), "

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cemy

Date of Burial, June 4th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

R. W. Manofield M. D.
Medical Attendant.

Address, 502 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 83926 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lorenz Oberheim

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* 5 *Months,* 12 *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Merchant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany 21 Years

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and number.} 115 Penna. Ave.

Cause of death, First, (Primary,) Phthysis Pulmonalis

Second, (Immediate,)

Duration of Last Sickness, Sixteen months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 9th

Undertaker, Andrew Kohde

Place of Business, 115 Penna Ave

J. M. Jordan M. D.,
Medical Attendant.

Address, 632 Lexington

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 83927 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosa Streit

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 15 *Years,* 6 *Months.* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 5 years

Place of Death, {Give Street and Number.} 158 Ramsay st

Cause of Death, First (Primary), Phthisis Pulmonalis, Valvular Disease of Heart

Second (Immediate), Prostration

Duration of Last Sickness, 6 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th 85

Undertaker, Phidrick

Place of Business, 83 Columbia st *Address,* 166 S. Paca st.

C. L. Baddenhorn M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore, (19

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83928

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, Wednesday, June 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph G. Cummins

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, 39 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Limerick, Ireland,

Duration of Residence in the City of Baltimore, 38 years & 9 months

Place of Death, {Give street and number} #757 Saratoga St.

Cause of Death, First, (Primary,) Phthisis (Pulmonary Consumption)

Second, (Immediate,) Exhaustion

Duration of last Sickness, Nine months. (9).

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, June 6

Charles Getz, M. D.
Medical Attendant.

Undertaker, F Boosh

Place of Business, 707 W. Baltimore Address, 579 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83929 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 1895 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 3d

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Eliza C. Stoekert

Sex, ~~Male~~ or *Female.* { Cross out the word not required in this line. }

Age, 50 *Years,* ____ *Months,* ____ *Days,*

Color,

Married, ~~Single,~~ ~~Widow or~~ ~~Widower,~~ { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Stanton Virginia

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and Number. } 117 N Schroder

Cause of Death, First (Primary), Cystoma ovarii

Second (Immediate). Asthenia

Duration of Last Sickness, one year

the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 5

Undertaker Joseph B Cook

Place of Business 707 W Baltimore

Gutmann M. D.
Medical Attendant.

Address, 258 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83930

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, JUN 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Terrence P. Coyle.

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower.~~ {Cross out the word not required in this line.}

Occupation, Dentist

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Ireland.

Duration of Residence in the City of Baltimore, About 50 years

Place of Death, {Give street and number.} 49 Mulberry St.

Cause of Death, First, (Primary.) Cerebral softening - with gradual

Second, (Immediate.) failure of vital forces.

Duration of Last Sickness, Had been in bed for several months

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral.

Date of Burial, June 5th

Undertaker, Jno. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Jno. S. Lay, *M.D.,*
Medical Attendant.

Address, 75 Franklin St.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83931 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 4 1883 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 3 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willard S Spencer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 2 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 177 Baltimore

Cause of Death, First (Primary), Imperforate Anus

Second (Immediate), Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 4/1883

Undertaker, Chas Keyser Sons

Place of Business, 263 Light

H W Nebel M. D.
Medical Attendant.

Address, 16 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Mr. Special Attention of Physicians is respectfully invited to the Memoranda Below and to that of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83932 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 26 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alfred Freeland

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* 2 *Months,* 5 *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~Married, Single, Widow or Widower~~

Occupation, ~~Occupation~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 49 So. Stockton St

Cause of Death, First, (Primary,) Tubercular Meningitis

Second, (Immediate,)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Thorpe St Cemetery

Date of Burial, June 28 1895

Undertaker, William Dorsey

Place of Business, #62 Lost St

J. K. Shinn M. D.,
Medical Attendant.

Address, 41 N. Caroline St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83983 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPART. BALTIMORE JUN 4 1885

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Neilson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ——— *Years,* One *Months,* One *Days,*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ———

Occupation, ———

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 23 Minah St.

Cause of Death, First, (Primary,) ———

Second, (Immediate,) Chronic Bronchitis

Duration of Last Sickness, 3 Month

All the above information should be furnished by the Physician.

Place of Burial Shonfest Cemetery

Date of Burial June 4 1885

Undertaker, William Krieger

Place of Business, 462 East St

J. Gilman M. D.,
Medical Attendant.

Address, 4 E Camp

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83934

Permit No.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 4 1895

B

CERTIFICATE OF DEATH.

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1895.

Full Name of Deceased, (Write legibly and spell correctly. If unnamed, or not yet named, give names of parents.) Annie M. Schneider

Sex, Male or Female, (cross out the word not required in this line.) Female

Age, 22 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.) Single

Occupation, —

Birthplace, (State or country, (and how long in the United States, if of foreign birth.) Baltimore Md

Duration of Residence in the City of Baltimore, Life residence

Place of Death, (Give street and number) 261 W. Hoffman

Cause of Death, First, (Primary.) Phthisis Pulmonalis

Second, (Immediate.)

Duration of last Sickness, Eighteen (18) Months.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Louis W. Knight M. D.

Medical Attendant.

Date of Burial, June 5th

Undertaker, Walter Immel

Place of Business, 316 W. Biddle

Address, 112 N. Greene

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the same comes under his jurisdiction, to furnish within forty-eight hours after the death to the Undertaker or other person superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age and color of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[9V&L.]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83935 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

GENERAL REGISTRY OFFICE JUN 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, ~~Matilda King~~ June 3rd 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Fred Rinky (Rinker)

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, Years, 4 Months, 2 Days

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} — — — —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore md

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 139 E Eager St

Cause of Death, First (Primary), marasmus

Second (Immediate), Exanthem

Duration of Last Sickness, Since birth

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 5 1885

Undertaker, John W. Jackson

Place of Business, Cor Gay & Lt Address, 242 N 15 way

Thomas J. Timms M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83936 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sabina L. Rittenhouse

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* 5 *Months.* 26 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penna

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 597 Lexington St

Cause of Death, First (Primary), Cancer of Right breast & Lung

Second (Immediate),

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem'y

Date of Burial, June 6th 1885

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 208 N Carrollton Ave

John Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83937 *Office of Registrar of Vital Statistics.* Ward 6 - 11 - 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 4 1885

CERTIFICATE OF DEATH.

Date of Death, June 2nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Josua Grunebaum

Sex, Male or Female, {Cross out the word not required in this line.} M.

Age, 58 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, {Cross out the word not required in this line.} M.

Occupation, Merchant,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 43 yrs.

Place of Death, {Give street and Number.} 305 N. Gay St.

Cause of Death, First, (Primary,) Cerebral Softening.

Second, (Immediate,) .....

Duration of Last Sickness, 6 yrs

All the above information should be furnished by the Physician.

Place of Burial, Locust Point Cemetery

Date of Burial, June 4 H. L. Reynolds M. D.,

Medical Attendant.

Undertaker, Jacob Ahrens

Place of Business, 28 High St. Address, 186 Aisquith St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 83938

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 3d

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ida. May. Gross

Sex, Male or Female, { Cross out the word not required in this line. } ~~Male~~ Female

Age, Years, 17 Months, —— Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } ——

Occupation, ——

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balti

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and number. } 55. N. Durham Alley

Cause of Death, First, (Primary.) Internal Hemorrhage

Second, (Immediate.) Exanstion

Duration of Last Sickness, 1 Day.

All the above information should be furnished by the Physician.

Place of Burial, Fallsway Burial Ground

Date of Burial, June 4 1884

Undertaker, Chas S Fry

Place of Business, 711 Broadway

Gus Bartman M.D.,
Medical Attendant.

Address, 380 E. Lafayette

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83939 *Office of Registrar of Vital Statistics.* Ward 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 4 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 4. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mr. Stephen Lynch,

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 67 *Years,* *Months,* *Days*

Color, white,

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 355 E. Balt. St.

Cause of Death, First (Primary), Meningeal Hemorrhage

Second (Immediate), Paralysis

Duration of Last Sickness, One Month

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th 1885

Undertaker, Denny & Mitchell

Place of Business, 63 S Broadway Address, Balt. & East. Sts.

G. G. Lusk M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83940

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83940 *Office of Registrar of Vital Statistics.* Ward 9 11 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885 5-15 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Fangman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 3 *Years,* ..... *Months,* ..... *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Nothing

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 1/2 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Pneumonia & Diarrhoea

Second (Immediate), Exhaustion

Duration of Last Sickness, 16 days

All the above information should be furnished by the Physician.

Place of Burial, Allegany Co.

Date of Burial, June 5th

Undertaker, B. Hasty

Place of Business, 82 West St

E Van Hood M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8394 / *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 30 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co Md

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 319 N Chicken St

Cause of Death, First (Primary), 9

Second (Immediate), Consumption

Duration of Last Sickness, About 8 or 9 years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 5th 1885

Undertaker, STEWART & MOWEN UNDERTAKERS.

Place of Business, 36 Park Ave.

M K Warner M. D.
Medical Attendant.

Lafayette Court Parker
Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83942 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 5 BALTIMORE MD

Date of Death, June 3

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A. Turner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Merchant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Funkstown Md

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 463 Eutaw Place

Cause of Death, First (Primary), Paralysis

Second (Immediate),

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 5th 1885

Undertaker, Steward & Mooen

Place of Business, 35 Park ave

Thomas Shearer M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83943 *Office of Registrar of Vital Statistics.* Ward 6 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. BALTIMORE MD. JUN 5 1885

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thomas F. Sprague

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 33 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 342 E. Fayette st

Cause of Death, First (Primary), Inflammation around edge of neck with

Second (Immediate), Pneumonia & Pneumonitis

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 6 85

Undertaker, Jno. F. Fry

Place of Business, 1 W Pratt

Edward P. McDonald M. D.
Medical Attendant.

Address, 54 Augusta st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 0 5944

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83947 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lewis Sutton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 74 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Real Estate Agt.

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Annearundel Co. Md.

Duration of Residence in the City of Baltimore, 60 Years

Place of Death, {Give street and Number.} 332 N. Eutaw

Cause of Death, First (Primary), General Debility

Second (Immediate), "

Duration of Last Sickness, Six Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 5th 85

Undertaker Geo. Eugene Sons

Place of Business, Park & Eutaw *Address,*

J. H. Christian M. D.
Medical Attendant.

HEALTH DEPARTMENT JUN 5 1885 BALTIMORE MD.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83945 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 5 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH. a

Date of Death, 3 June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence B. Bandel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 6 *Months,* *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} — Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 127 Jefferson St.

Cause of Death, First (Primary), Rheumatic Pericarditis with Chronic Valvular Disease (mitral).

Second (Immediate), Cardiac Failure

Duration of Last Sickness, 19 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 6 1885

Undertaker, Hughes Spence & Co

Place of Business, 60 E Balto St

124 Leonard *M. D.*
Medical Attendant.

Address, 314 E. Eutaw St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 2 7 4 0

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83946 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

B

CERTIFICATE OF DEATH.

Date of Death, June 3rd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Conaway

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 14 *Days*

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State of country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore. 2 mos

Place of Death, {Give Street and Number.} 4 Jones Court.

Cause of Death, First (Primary), Convulsions

Second (Immediate), ...

Duration of Last Sickness, 2 hours

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 5th

Undertaker, W. Blothamp & Co

Place of Business, 203 E. Lombard *Address,* 326 E Baltimore

C. C. Hoffman M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83747 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Hannah Everett

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} June 5, 1885

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~89~~ *Years,* 11 *Months,* 20 *Days*

~~Color~~,

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Gemany

Duration of Residence in the City of Baltimore, About 30 Years

Place of Death, {Give Street and Number.} 226 N Caroline St

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, About Seven Years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th

Undertaker, Geo Schilling

Place of Business, Ashland Square

W. H. White, M. D.
Medical Attendant.

Address, 317 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 63948 *Office of Registrar of Vital Statistics.* Ward 14 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 5 1885 BALTIMORE

CERTIFICATE OF DEATH. B.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Porter

~~*Sex, Male or Female,*~~ {Cross out the word not required in this line.}

Age, 64 *Years,* ——— *Months,* 2 11 *Days*

Color, White

Married, ~~Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co. Md

Duration of Residence in the City of Baltimore, 35 yrs.

Place of Death, {Give Street and Number.} 6 Lemon St

Cause of Death, First (Primary), Aortic Stenosis

Second (Immediate),

Duration of Last Sickness, Two Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 6th 85

Undertaker, Wm J Fiedner

Place of Business, 6 E Eutaw St *Address,* Thurmont Md

Master Warfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83949 *Office of Registrar of Vital Statistics.* Ward 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 5 1885 BALTIMORE

Date of Death, Thursday June 4th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.}

~~*Sex,* Male or~~ *Female,* {Cross out the word not required in this line.} Keanna Campbell.

Age, 4 *Years,* 1 *Months,* 20 *Days*

Color, White

~~*Married,* *Single,* *Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Maryland.

Duration of Residence in the City of Baltimore, N. W. Cor. of Fayette St. & Fulton Ave.

Place of Death, {Give Street and Number.} Dying Life.

Cause of Death, First (Primary), Diptheria

Second (Immediate), "

Duration of Last Sickness, Three days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, June 6th 1885

Undertaker, H. W. Mears

Place of Business, 45 N. Eagle St

H. C. Shuey M. D.
Medical Attendant.

Address, 387 N. Fulton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8395

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8395 *Office of Registrar of Vital Statistics.* **Ward** 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

a

HEALTH DEPARTMENT
JUN 5 1885
BALTIMORE, MD.

Date of Death, June 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Robert Rea

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 4 *Years,* 6 *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, life

Place of Death, {Give Street and Number.} 612 N. Bath St.

Cause of Death, First (Primary), Scarlatina

Second (Immediate), Nephritis Acute.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 6th 1885

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts. *Address,* 188 Franklin

J. F. Miller M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83957

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83957 *Office of Registrar of Vital Statistics.* **Ward** 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 4th. June 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Anna Maria Shinglass

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 10 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~~

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Griffins Court 9

Cause of Death, First (Primary), Cyanosis

Second (Immediate),

Duration of Last Sickness, during lifetime

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer Cem.

Date of Burial, June 5th 85

Undertaker, G. France

Place of Business, France & Wolfe *Address,* S. Wolfe & 117

William Heuel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83952 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Burnard Lilly

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, ... *Years,* Eleven *Months,* Eight *Days,*

Color, White

~~Married, Single,~~ Widow or Widower, {Cross out the word not required in this line.}

~~Occupation,~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give street and Number.} 718 W Pratt St

Cause of Death; First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 6th 1883

Undertaker, S. W. Leonard & Son

Place of Business, 782 W Baltimore St.

W. W. Wright M. D., Medical Attendant.

Address, 221 N. Gilmor St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83953 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josephine Howard

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 29 *Years,* *Months.* *Days*

Color, Black

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 232 West Stirling near Eutaw

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, About Three Months

All the above information should be furnished by the Physician.

Place of Burial, W. Pubblic Cemetery

Date of Burial, June 6th/85

Undertaker, F. A. Ketchum

Place of Business, ——— *Address,* Scarborough & Edmondson Ave

Julius Hall M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83954 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Williams

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 8 *Months.* ~~Days~~

Color, Col.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 4. Pin alley

Cause of Death, First (Primary),

Second (Immediate), Severe Scalds

Duration of Last Sickness, 2 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 6th 1885

Undertaker, Hercules Ross

Place of Business, Conway St

James H Steuart M. D.

~~Medical Attendant~~

Address, Camp 6 & 2

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

John M. De Goey Inspector

No. 5795

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83955 *Office of Registrar of Vital Statistics.* **Ward** 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Estella Rusk

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 10 *Months.* 0 *Days*

Color, Dark brown

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore. 10 months

Place of Death, {Give Street and Number.} No 11 Jenkins Alley

Cause of Death, First (Primary), Unknown

Second (Immediate), Meningitis acute

Duration of Last Sickness, Two Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6 1885

Undertaker, William Krueger

Place of Business, #62 East st

Benj F Bohn M. D.
Medical Attendant.

Address, 202 H Hoffman st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

144

Permit No. 83956 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN BALTIMORE MD

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Oscar Bailey

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 197 Vine St

Cause of Death, First (Primary),

Second (Immediate), Premature Birth

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 6th 1885

Undertaker, Dungs - W. M.

Place of Business, East St

James Lemmon M. D.

~~Medical Attendant.~~

Address, Emmorton

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo. E. Brown Sanitary Inspector

The SPECIAL ATTENTION of PHYSICIANS is RESPECTFULLY INVITED to the REMARKS BELOW, and to LIST of DISEASES on BACK of this CERTIFICATE.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

15

Permit No. 83957

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law,

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT BALTIMORE JUN 6 1885

Date of Death, ~~January~~ June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Fellemann

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 30 *Years,* — *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give street and number.} Brown St

Cause of Death, First (Primary,) Acute Tuberculosis

Second (Immediate,) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cem.

Date of Burial, June 7th 1885

Undertaker, C. F. Kramer & Son

Place of Business, 209 Hanover

J. H. Camp *M. D.*
Medical Attendant.

Address 177 W Pratt St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 033938

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83958 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Infant of Robert and Jennie Metz

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months.* 3 hours *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt City

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No 49 S. Bond st

Cause of Death, First (Primary), Hemorrhage from the Umbilical Cord

Second (Immediate),

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 6th 1885

Undertaker, Leonhard Ritz

Place of Business, 131 S. Broadway

L. Albertieri M. D.
Medical Attendant.

Address, 12 S. Edo st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83959 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Daniel M. Barber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* 9 *Months,* *Days*

Color, Wht

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Machinist

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Co

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 199 N. Eden

Cause of Death, First (Primary),

Second (Immediate), Erysipelas

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7th

Undertaker, H. C. Weidefeld

Place of Business, 60 Greenmount *Address,* 139 Aisquith

E. D. Gaw M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This Certificate.

Health Department, City of Baltimore.

Permit No. 83960 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CLERK JUN 6 1885 MD

CERTIFICATE OF DEATH.

Date of Death, June 4 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Will, or Amelia Cline

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 20 *Years,* — *Months,* — *Days*

Color, Wht.

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Dressmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} St. Louis

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give Street and Number.} No. 61 N. Liberty

Cause of Death,
First (Primary),
Second (Immediate), Gastro-enteritis

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemetery

Date of Burial, May 6" 85

Undertaker, Geo. Rinehart

Place of Business,

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8396[illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83961 *Office of Registrar of Vital Statistics.* **Ward** 15-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 6 1885

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edward Kinner

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 7 *Years,* *Months.* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 188 Hughes st

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate),

Duration of Last Sickness, about Five Weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharpest Cemetery

Date of Burial, June 6 1885

Undertaker, Hercules Rees

Place of Business, 95 Eas Pratt St

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 53962

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83962 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Bishop

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 1 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, 2

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 7 Clark alley

Cause of Death, First (Primary), Spina bifida

Second (Immediate), Convulsions

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 6, 1885

Undertaker, Henry McGuinn

Place of Business, 8 N. Central Ave *Address,* 1712 Calvert St

Geo. E. Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83963 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

HEALTH DEPT. JUN 6 1883 BALTIMORE

Date of Death, June 4/83

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stephen Ennedy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, Col'd

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cambridge Dorchester Co. Md.

Duration of Residence in the City of Baltimore, 18 yrs.

Place of Death, {Give Street and Number.} 192 S. Dallas St.

Cause of Death, First (Primary), ~~In~~ Hepatitis

Second (Immediate), Hematemesis

Duration of Last Sickness, 5 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 7.

Undertaker, John E. Grace

Place of Business, S. Caroline St. 142 *Address,* 52 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83964 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6 '85

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jas. R. Fay c

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 36 years

Place of Death, {Give Street and Number.} Boundary ave. Res. 410 Chas. st. ave

Cause of Death, First (Primary), Suddenly of

Second (Immediate), heart disease

Duration of Last Sickness, about 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 8th June 1885

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts

10th A. Jones M. D.

Coroner ~~Medical Attendant.~~

Address, 326 Hollins st City.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83965 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 6 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 4th June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Miles. B. Hutchins

~~*Sex,*~~ *Male or* ~~*Female*~~, {Cross out the word not required in this line.}

Age, 74 *Years,* — *Months,* — *Days* 1

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Mathews Virginia

Duration of Residence in the City of Baltimore, two weeks

Place of Death, {Give Street and Number.} 323 Saratoga St

Cause of Death, First (Primary), Epithetial Cancer of the Face;

Second (Immediate),

Duration of Last Sickness, 1 1/2 month

All the above information should be furnished by the Physician.

Place of Burial, Matthews Co. Va.

Date of Burial, June 1885

Undertaker, M. A. Dougan

Place of Business, 74 S. Bway.

Louis B Horn M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

3750 Transcript

No. 83966

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83966 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nicholas M. Miller

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 3 *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 161 S. Ann St.

Cause of Death, First (Primary),

Second (Immediate), Epilepsy

Duration of Last Sickness, Seven years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 7, 1885

Undertaker, M. A. Dagin

Place of Business, 74 S. Bury

Nicholas L. Duthiell M. D.
Medical Attendant.

Address, 207 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Book. 83967

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83967 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin Schroudner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 55 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Konigsfeldt, Germany

Duration of Residence in the City of Baltimore, 18 Yrs

Place of Death, {Give Street and Number.} 582 Monument St,

Cause of Death, First (Primary), Paralysis of Brain

Second (Immediate),

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 8 1885

J. H. Collenberg M. D.
Medical Attendant.

Undertaker, Henry Hoede

Place of Business, 309 N. Central Av *Address,* 344 E. Balto St,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 83968

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 83968 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 6 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 5th

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Frederica Reger

Sex, ~~Male or~~ *Female.* {Cross out the word not required in this line.}

Age, 1 *Years,* 9 *Months,* *Days,*

Color, White

Married, Single, Widow or Widower. {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 8 Months

Place of Death, {Give street and Number.} #124 S. Caroline St

Cause of Death, First (Primary). Cerebral Congestion

Second (Immediate). Exhaustion

Duration of Last Sickness, 1 Week.

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, June 6th 1885

Undertaker Fred Goede

Place of Business, 29 S. Caroline *Address,* City Hospital

John S. Huck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 83969

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83969 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 5 1885

C

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mc Daniel

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days,*

Color, W

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Snow Hill Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 157 Montgomery

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,)

Duration of Last Sickness, Many years

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 7th 1885

Undertaker, Armstrong and Dunn

Place of Business, 263 Light St

H. W. Webster M. D.,
Medical Attendant.

Address, 101 Barre st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 83970

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83970

Office of Registrar of Vital Statistics. Ward 19½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 6 1885

CERTIFICATE OF DEATH

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Downey

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 168 Stricker St

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 168 Stricker St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), asthenia & Convulsions

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 6th 1885

Undertaker, Jos. B. Cook

Place of Business, No 707 W Baltimore

West M. D.
Medical Attendant.

Address, 209 N Lowndes St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 83971

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83971 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hadie Camps

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 00 *Years,* Two *Months,* Twelve *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation -

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 72 Union alley

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give street and Number.} 72 Union alley

Cause of Death,
First (Primary), Inanition
Second (Immediate).

Duration of Last Sickness, since birth

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, June 6 1885

Undertaker Geo. F. Eakins

Place of Business, 221 Hanover *Address,* 132 Mercer St.

Silas Baldwin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83972 *Office of Registrar of Vital Statistics.* Ward 8½

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

74

CERTIFICATE OF DEATH.

Date of Death, June 5th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert Statelman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* ✓ *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Dont Know [redacted]

Place of Death, {Give Street and Number.} Inst. Little Sisters of Poor

Cause of Death, First (Primary), ...

Second (Immediate), Infirmity

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 7th 1885

Jno. Buck Buck M. D.
Medical Attendant.

Undertaker, A. Rosenberger

Place of Business, 70 Church St. *Address.*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Blank of Directions on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 83973 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Cora Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 9 *Days,*

Color, Black

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation .....

Birthplace, {State or country, and how long in the United States, if of foreign birth.} 155 Sarah Ann Street

Duration of Residence in the City of Baltimore, All its life

Place of Death, {Give street and Number.} 155 Sarah Ann Street

Cause of Death, First (Primary), ~~Trismus~~ Tetanus

" " "

Second (Immediate) .....

Duration of Last Sickness, 1 1/2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 6 1885

Undertaker S. H. Chase

Place of Business, 96 Hanover St

D. K. Bond M. D.
Medical Attendant.

Address, 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8397 — *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 7 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ino. G. Green

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months.* *Days*

Color, Black

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer — Brick Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Carolina

Duration of Residence in the City of Baltimore, 23 years

Place of Death, {Give Street and Number.} 303 Robins St

Cause of Death,
First (Primary), Hypertrophy of Heart
Second (Immediate), Dropsy, Oedema of Lungs

Duration of Last Sickness, 8 Months

All the above information should be furnished by the Physician.

Place of Burial, Mt. Pleasant

Date of Burial, June 7 1885

Undertaker, J. H. Chase

Place of Business, 1 E. Howard St

Richard Coe M. D.
Medical Attendant.

Address, 146 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8397 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Read

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 90 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va

Duration of Residence in the City of Baltimore, 7 yrs

Place of Death, {Give Street and Number.} 7 Plum al

Cause of Death, First (Primary), —

Second (Immediate), old age

Duration of Last Sickness, Sometime

All the above information should be furnished by the Physician.

Place of Burial, Laurel

Date of Burial, June 7 1885

Undertaker, F Wilson

Place of Business, 1st Howard

R. C. LEE M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 83976 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE MD.

Date of Death, June 6 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Schmidt

~~*Sex,*~~ *Male or* ~~*Female,*~~ {Cross out the word not required in this line.}

Age, 2 *Years,* 2 *Months,* 21 *Days*

Color, white

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 39 Lemon St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, about a week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetary

Date of Burial, June 7th 1885

Undertaker, A. Rohde

Place of Business, 48 Penn avenue

Jno W Hutchins M. D.
Medical Attendant.

Address, 584 W Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8397 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm P. Shyrock

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 22 *Years,* *Months,* *Days*

Color,

Married, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 94 N. Fremont Ave

Cause of Death, First (Primary),

Second (Immediate), Tuberculosis

Duration of Last Sickness, 5 Months

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 7th 1885

Undertaker, Matthew Cadogan

Place of Business, 227 Mulberry St *Address,* 47 Franklin

Gustav Baker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83978 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Thoms

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* Eight hours ~~Days~~

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~84 Lancaster St~~ Baltimore City Md.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 84 Lancaster St.

Cause of Death, First (Primary), ...

Second (Immediate), Prematura

Duration of Last Sickness, Eight hours.

All the above information should be furnished by the Physician.

Place of Burial, E German Cemtry.

Date of Burial, June 7th 1885

Undertaker, Wm Nicolaus

Place of Business, 258 Alice Ann.

Nicholas L. Dashiell M. D.
Medical Attendant.

Address, 207 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the ~~duty of~~ the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish, within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83979 *Office of Registrar of Vital Statistics.* Ward 7 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE, MD. JUN 7 1885

CERTIFICATE OF DEATH.

Date of Death, June 5- 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Beraus.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, 43 days.

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Aneurism Aorta.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 43 days.

All the above information should be furnished by the Physician.

Place of Burial, Eastern Pub Cemetery

Date of Burial, June 7th 85

Undertaker, Geo. Roblack

Place of Business, Forrest Place *Address,* St Josephs Hospital.

F. H. Mead M. D.
per J. R. A. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83980 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 7 1885

CERTIFICATE OF DEATH.

Date of Death, June 5 3 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ottilia Decker
Ophelia

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 10 *Years,* *Months,* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Expire-tion

Place of Death, {Give Street and Number.} 37 S. Collington Ave Hosp

Cause of Death, First (Primary), Hydrocephalus acutus

Second (Immediate), Eclampsia

Duration of Last Sickness, 6 mos.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem.

Date of Burial, June 7 1885

Undertaker, P. O'Connor

Place of Business, Davis & Wolf, *Address,* 219 S. Bethune

J. Turner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this certificate.

Health Department, City of Baltimore.

Permit No. 43981 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J W Fortune

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 2 *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 8 Wall St.

Cause of Death, First (Primary), Morbeola

Second (Immediate), Pneumonia

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 7

Undertaker, R. Wade

Place of Business, 42 West St.

R. P. Ellis M. D.
Medical Attendant.

Address, 713 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83982 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 6

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theo E. Lentz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* 14 *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 1 — 14

Place of Death, {Give Street and Number.} 440 Light St

Cause of Death, First (Primary), Acute Tuberculosis

Second (Immediate), Apnoea

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 7

Undertaker, B. Mackey

Place of Business, 46 West St

R. H. Ellis M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83983 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 7 1895

CERTIFICATE OF DEATH.

Date of Death, June 4

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E. Scale

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 33 *Years,* ..... *Months.* ..... *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore, 13 yrs

Place of Death, {Give Street and Number.} 48 Bernard St

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 mts

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem.

Date of Burial, June 7

Undertaker, B. Hall & Co

Place of Business, 52 W. Lex St

R W P Eccles M. D.
Medical Attendant.

Address, 213 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83784 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 7 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. E. Jenkins

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 2 *Years,* 11 *Months,* *Days*

Color, Dark

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} 62 Vine E

Cause of Death, First (Primary), Meningitis

Second (Immediate), Exhaustion.

Duration of Last Sickness, 5 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Sharp St cemetery

Date of Burial, June 7th 1885

Undertaker, Wm H Burgee

Place of Business, 62 East st

Brantley M. D.
Medical Attendant.

Address B. C.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83985 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia A. Lauber

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 8 *Years,* 3 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 158 N Wolf St.

Cause of Death, First (Primary), Lung fever

Second (Immediate),

Duration of Last Sickness, 14 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Com.

Date of Burial, June 8th 85

Undertaker, H. France

Place of Business, Park & Wolfe Sts. *Address,* 344 E. Baltimore St.

J. H. Hollenberg *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83986 *Office of Registrar of Vital Statistics.* Ward 3 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 6. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William F. Pentz

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 66, *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Pork Packer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 274 E. Fayette St

Cause of Death, First (Primary), Carbuncle.

Second (Immediate), Asthenia

Duration of Last Sickness, 2 Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 8th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J. N. Houck M. D.
Medical Attendant.

Address, 75 E. Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83987 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Snyder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 75 *Years,* 8 *Months,* 3 *Days*

Color, white

~~*Married, Single*~~, *Widow* ~~*or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto — Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 369 E. Eagar St

Cause of Death, First (Primary), Senility —

Second (Immediate), as there is

Duration of Last Sickness, 17 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 9th

Undertaker, Geo Schilling

Place of Business, Ashland & Eagar

Jno J Mc Cay M. D.
Medical Attendant.

Address, 179 E Monument St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83988 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 8 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Herlit

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 66 *Years,* 11 *Months.* 10 *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cabinet Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany 38 yrs.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 126 Gough St.

Cause of Death, First (Primary),

Second (Immediate), Paralysis

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th 1895

Undertaker, Fred Goede

Place of Business, 29 S Caroline *Address,* 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83989 *Office of Registrar of Vital Statistics.* Ward 10 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 9 1885

CERTIFICATE OF DEATH.

Date of Death, ~~May 7th~~ June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bessie Howe Wallace

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, *Years,* 17 *Months,* 17 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, C

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Schroeder & Milton Place

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, 21 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 9th 1885

Undertaker, H Lewis Schafer

Place of Business, 109 N Fremont

Louis C Coen M.D.
Medical Attendant.

Address, 226 Mulberry St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 13990

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 13990 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 6 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lewis Wagner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, 57 White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 16 S. Gay St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 8th 1883

Undertaker, F. Lewis Schafer

Place of Business, 1092 Fremont *Address,* 1210 Hanover

Dr. [illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8399 / *Office of Registrar of Vital Statistics.* **Ward** 8 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Phillis Mazyck Montgomery

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 52 *Years,* *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Basketmaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Charleston S C

Duration of Residence in the City of Baltimore, 3 mos.

Place of Death, {Give Street and Number.} No 2 Foster alley

Cause of Death, First (Primary), h 5

Second (Immediate), Heard disease

Duration of Last Sickness, Some years

All the above information should be furnished by the Physician.

Place of Burial, Charlotte N C

Date of Burial, June 8th

Undertaker, H C Underwood

Place of Business, 96 Gaustavus

Hutton M. D.
Medical Attendant.

Address, 23 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3754 Franklin [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 83992 *Office of Registrar of Vital Statistics.* Ward 9 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Helena Brown

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 3 *Years,* ~ *Months,* ~ *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Butts Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and Number.} 57 St Paul St

Cause of Death, First (Primary),

Second (Immediate), Entero Colitis

Duration of Last Sickness, a week

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 8" 1885

Thos. J. Ward M. D.
Medical Attendant.

Undertaker Geo. Rinehart

Place of Business, Forest Place *Address,* 127 St Paul St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [Over.]

No. 83993

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83993 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Mott Simpson

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 11 *Months,* 5 *Days*

Color, White

~~Married~~, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 35 W. Biddle St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Gy E Emmanuel

Date of Burial, June 8th 1885

Undertaker, Henry Gustus Sons

Place of Business, Park & Saratoga *Address,* 121 W. Saratoga

C. V. Wilcox M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8399 *Office of Registrar of Vital Statistics.* **Ward** 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Hoffman

Sex, Male or ~~Female,~~ {Cross out the word not required in this line.}

Age, 3 *Years,* 11 *Months,* 21 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 70 E Monroe St

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 12 hours

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 9 1885

Undertaker, Jos B Loats

Place of Business, No 707 W Balto St

James Bailey M. D.
Medical Attendant.

Address, 319 N Collington Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83995 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 8 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen R. Allen

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 19 *Years,* *Months,* *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow*~~ *or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation, Saleswoman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} At Salamons 92 Lexington St.

Cause of Death, First (Primary), not known

Second (Immediate), Hemorrhage from throat

Duration of Last Sickness, a few minutes

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet cemetery

Date of Burial, June 8th 1885

Undertaker, Jos B Cook

Place of Business, No 707 W Baltimore *Address,*

Wm. Keech M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83996 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 4th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John E. Kitson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years

Place of Death, {Give Street and Number.} No. 255 N. Carrollton Ave

Cause of Death, First (Primary), Suppurative Hepatitis

Second (Immediate), Hepatic Abscess

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 5th 1885

Undertaker, Denson Mitchell

Place of Business, 850 W. Fayette St

W. T. Howard M. D.
Medical Attendant.

Address, 181 Madison Ave

HEALTH DEPARTMENT BALTIMORE MD. JUL 16 1885

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

See following Certificate

The Special Attention of Physicians is respectfully invited to the reverse side, and to [illegible]

Board of Health, City of Baltimore,

20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 83996

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD. JUN 9 1885

CERTIFICATE OF DEATH.

Date of Death, June 7, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John E. Litton

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days.*

Color, White *Sex,* Male

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Salesman

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 years.

Place of Death, {Give street and number.} 255 N. Carrollton Ave

Cause of Death, First (Primary,) Suppurating Hepatitis

Second (Immediate,)

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem. W. T. Howard M. D.

Date of Burial, June 9th 1885 Medical Attendant.

Undertaker, D. Emmy & Mitchell

Place of Business, 530 W Fayette St Address 181 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8397 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida L Lanigan.

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 30 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. C.

Duration of Residence in the City of Baltimore. Lifetime

Place of Death, {Give Street and Number.} 850 N. Balt. ct

Cause of Death, First (Primary), Tuberculosis.

Second (Immediate),

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 10th 9 A.M

Undertaker, Denny & Mitchell

Place of Business, 530 N. Fayette

Amman F Hill M. D.
Medical Attendant.

Address, 17 N. Eutaw ct.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 83998 *Office of Registrar of Vital Statistics.* Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 8 1885

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Bradley

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Three *Years,* Six *Months,* ~~Days~~

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Three years

Place of Death, {Give Street and Number.} No. 268 Saratoga St.

Cause of Death, First (Primary), Diphtheria

Second (Immediate), Convulsion

Duration of Last Sickness, Seven days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, June 8th 1885 J. B. Gardner M. D.

Medical Attendant.

Undertaker, D Emmy & Mitchell

Place of Business, 550 W Fayette St *Address,* 120 N. Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1111

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 23999 *Office of Registrar of Vital Statistics.* Ward 12 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 9/85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years~~, 2 *Months,* ~~Days~~

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant Asylum.

Cause of Death, First (Primary), Tubercular meningitis.

Second (Immediate), Convulsions.

Duration of Last Sickness, 21 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 10/85

Undertaker, Robert Robinson.

Place of Business, Division & Townsend

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84000 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martin J. Blanton

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 44 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Photographer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 295 E. Madison Central Hermanstadt

Cause of Death, First (Primary), ...

Second (Immediate), Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 9th 1885

Undertaker, Henry Koch

Place of Business, 309 N. Central Ave *Address,* 234 N. Bond

G. F. Taylor M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 5401

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84001 *Office of Registrar of Vital Statistics.* **Ward** 3 1/4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry Haumann

Sex, Male or Female, {Cross out the word not required in this line.} male

Age, 38 *Years,* / *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.} married

Occupation Baker

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md

Duration of Residence in the City of Baltimore, since born

Place of Death, {Give street and Number.} 113. N. Caroline st

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, June 8th

Undertaker Trenkle & Corbett

Place of Business, 210 E. Balt. st *Address,* 325 E. Baltimore st.

P. G. Daval M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

... 84002

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84002 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret McManus

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 64 *Years,* ... *Months,* ... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 40 Harford Ave

Cause of Death, First (Primary), Chronic Bronchitis

Second (Immediate), Asthenia

Duration of Last Sickness, One (1) year

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemetery

Date of Burial, June 9. 1885.

Undertaker, W. H. Hickman

Place of Business, 234 N. Gay Street

F. Shaw M. D.
Medical Attendant.

Residence, 40 Harford Ave

June 8th 1885

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84003

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Ward 84

Permit No. 84003 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alan Clayton Roberts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 4 Years, 3 Months, 18 Days

Color, W

Married, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.} none

Occupation, Baby

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Life

Duration of Residence in the City of Baltimore, 155 Greenmount Ave

Place of Death, {Give Street and Number.} diptheria

Cause of Death, First (Primary), Toxemia

Second (Immediate), Throat Clay

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 9th

Undertaker, H. C. Wiedefeld

Place of Business, 90 Greenmount Ave

Address,

Chas. D. Smith, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

84004

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84004 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BUREAU OF VITAL STATISTICS
JUN 8 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 5, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Theresa Holly,

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} 113 Chestnut alley.

Cause of Death, First (Primary),

Second (Immediate), Pneumonia,

Duration of Last Sickness, Two weeks.

All the above information should be furnished by the Physician.

Place of Burial, West Pat. Cemty

Date of Burial, June 7/1885

Undertaker, Fred'k Kuchmer

Place of Business, 129 Arlington Ave. *Address,* Cor Greene & Mulberry Sts.

George A. Rohé, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...5 47005

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84005 *Office of Registrar of Vital Statistics.* **Ward** 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 6th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minna Diehl

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* — *Months,* — *Days*

Color, white

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany.

Duration of Residence in the City of Baltimore, 24 yrs

Place of Death, {Give Street and Number.} N. 68 Lancaster St.

Cause of Death, First (Primary), most probably Typhlitis and Peritonitis

Second (Immediate), the same

Duration of Last Sickness, several weeks 6-8.

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 9th 85

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Av *Address,* 169 N Charles St

Henry Salzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 84006

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84006 *Office of Registrar of Vital Statistics.* **Ward** 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 1st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Redl

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 52 *Years,* 10 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 23 Years

Place of Death, {Give Street and Number.} No 336 S. Bond st

Cause of Death, First (Primary), Progressive pernicious Anaemia

Second (Immediate), Coma

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, St Pauls cem

Date of Burial, June 9 85

Undertaker, H Sander & Son

Place of Business, 252 Canton

L O Bruce M. D.
Medical Attendant.

Address, 125 Eden

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

week. 84007

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84007 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if required so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 8 1885

CERTIFICATE OF DEATH.

Date of Death, June 8th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred. W. Zimmerman, Zimmer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 54 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Restaurant Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} In Virginia

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 418 W. Baltimore

Cause of Death, First (Primary), Lung Consumption Left of years

Second (Immediate), Typhoid fever

Duration of Last Sickness, 4 days.

All the above Information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 10th 1885

Undertaker, Stewart & Mowen

Place of Business, 35 Park ave

W H Brown M. D.
Medical Attendant.

Address, 187 W Saratoga

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Permit No. 84008

Board of Health, City of Baltimore,

Office of Registrar of Vital Statistics.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

JUN 8 1883

CERTIFICATE OF DEATH.

Date of Death, June 7th 1883

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Cornelia Pelham King

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 20 *Years,* 10 *Months,* 15 *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give street and number. } 62 N. Madison St

Cause of Death, First, (Primary.) Acute Phthisis

Second, (Immediate.)

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 9th 1883

Undertaker, STEWART & MOWER, UNDERTAKERS,

Place of Business, 35 Park Ave.

H. C. Williams M.D.,
Medical Attendant.

Address, 201 Mad. Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8709 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 8 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Kimmelmann

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 8 *Years,* 8 *Months,* 2 2 *Days*

Color, white

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, none

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 30 N. Wolf St.

Cause of Death, First (Primary), Second (Immediate), Diptheritis Laryngitis

Duration of Last Sickness, 1 week = Saw child ten hours before death

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 9th

Undertaker, Wm. Duffy

Place of Business, 151 E. Baltimore St.

Geo. C. Seymour M. D.
Medical Attendant.

Address, Broadway & Bank

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY FILM

No. 84010

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84010 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 8 1885
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 7th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Thad. Sr.

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 84 *Years,* *Months,* *Days*

Color, White.

Married, ~~Single, Widow or Widower,~~ {Cross out the words not required in this line.}

Occupation, Florist.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England.

Duration of Residence in the City of Baltimore, 65 Years.

Place of Death, {Give Street and Number.} 16 N. Carrollton Ave

Cause of Death, First (Primary), Valvular Disease of Heart

Second (Immediate), Anasarca, Was not attended

Duration of Last Sickness Few days since Dairy 10th 85

All the above information should be furnished by the Physician.

Place of Burial, St Paul's Cem

Date of Burial, June 9th 1885

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

John S. K. Mayo M. D.
Medical Attendant.

Address, 273 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84011

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84011 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. BALTIMORE JUN 8 1885

CERTIFICATE OF DEATH.

Date of Death, June 7 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cora Abrahams

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 2 *Months,* 11 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 71 Mosher

Cause of Death, First (Primary), Enteritis

Second (Immediate), Asthenia

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, June 8th 1885

Undertaker, Denny and Mitchell

Place of Business, 550 W Fayette St

F. E. Chatard Jr M. D.
Medical Attendant.

Address, 114 Park

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84014 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 8 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, Monday June 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Cassandra A. E. Lain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 51 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 84 S. Eutaw

Cause of Death, First (Primary), Remittent Fever

Second (Immediate), Necrosis of Temporal Bone

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 10 1885

Undertaker, James S Ryan

Place of Business, 1163 Fremont St

G. G. Lusk M. D.
Medical Attendant.

Address, Balt. & Paca Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84013 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Wm. Conn

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 52 *Years,* 4 *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Justice of the Peace

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 27 Years

Place of Death, {Give Street and Number.} No. 2135 W. Biddle St

Cause of Death, First (Primary), Hemorrhage from the Lungs

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 10th 1886

Undertaker, J. McNaughton

Place of Business, 398 Pennsylvania Ave. *Address,* 197 N. Charles St

Thomas Sheares M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8401 4 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 9 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

B

Date of Death, June 7, 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. High

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Years, 8. Months. 7. Days 1

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} 5 Dover St.

Cause of Death, First (Primary), Teething.

Second (Immediate), Convulsions

Duration of Last Sickness, 12 Hours

All the above information should be furnished by the Physician.

Place of Burial, St. Peters Cem

Date of Burial, June 9th 1885

Undertaker, J. B. Cook.

Place of Business, 707 W. Balto St. *Address,* 837 N. Pratt St.

L. R. Wilson M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 34012

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8701.5 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JUN 9 1885
BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Bayle

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 63 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Grocer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} S. W. Hillen & Chestnut

Cause of Death, First (Primary), ...

Second (Immediate), Locomotor Ataxy

Duration of Last Sickness, Two months

All the above information should be furnished by the Physician.

Place of Burial, St Patricks Cemetery

Date of Burial, June 11th

Undertaker, Jas Byrne

Place of Business, 67 Front

Jas Byrne M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 14016

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 84016 *Office of Registrar of Vital Statistics.* **Ward** 8 "

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John MacKereth.

Sex, Male ~~or Female~~ {Cross out the word not required in this line.}

Age, 49 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation Miner,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Eng.

Duration of Residence in the City of Baltimore, 1 month

Place of Death, {Give street and Number.} 30 Hudson Al.

Cause of Death, First (Primary), Acute Rheumatism.

Second (Immediate), Heart Clot.

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, St Peters Cem.

Date of Burial, June 10. 1885

Undertaker Martin Fahey

Place of Business, 128 Lawrence St *Address,*

Jas. McCraighill M. D.
Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84017 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8 — "85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Knoche

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* ——— *Months,* 35 *Days*

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, 5 weeks

Place of Death, {Give Street and Number.} No. 73 ~~W~~ Gay St.

Cause of Death, First (Primary), ———

Second (Immediate), Spasms

Duration of Last Sickness, Few minutes

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 9 — 1885

Undertaker, C. H. Rossiter

Place of Business, 196 E Baltimore St.

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84018 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaretha Bruner

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 87 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow ~~*or Widower*~~, {Cross out the words not required in this line.} ✓

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 years

Place of Death, {Give Street and Number.} 50 Stockton St.

Cause of Death, First (Primary), Old age

Second (Immediate), Dropsy

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore County

Date of Burial, June 10th 1885

Undertaker,

Place of Business, 137 W. Pratt St.

H. E. Kuthieum M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84019

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84019 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Minnie Leitcher

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 0 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Berry picker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} Leadtown (Fort ave)

Cause of Death, First (Primary), Malaria

Second (Immediate), Congestion of Lungs

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 10

Undertaker, B. Hoole

Place of Business, 42 West St

Jos Gonlet M. D.
Medical Attendant.

Address, 1705 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84020 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Snellenberg

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 11 *Years,* 10 *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore, all her life

Place of Death, {Give Street and Number.} 19 Wesley Ch

Cause of Death, First (Primary), Rheumatic Endocarditis, Mitral and Tricuspid Valve Hypertrophy

Second (Immediate), Congestion of the Lungs

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Balto Hebrew Cemetery

Date of Burial, June 9

Undertaker, B. Hurle

Place of Business, 82 West St

Theodore Bruhl M. D.
Medical Attendant.

Address, 144 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...ame of Deceased on back of this Certificate.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

12

Permit No. 84021

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jane A. LeBrou

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 78 *Years,* *Months,* *Days.*

Color, White *Sex,* Female

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life Residence

Place of Death, {Give street and number.} 402, "Druid Hill Avenue"

Cause of Death, First (Primary,) Organic disease of Heart

Second (Immediate,) Dropsy of Pericardium

Duration of Last Sickness, not known, to me having seen her, a single time.

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem. Jno. M. Galt M. D.

Date of Burial, June 9/85 " Medical Attendant.

Undertaker, M. A. Daiger

Place of Business, 748 Broadway *Address*

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84022 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR A BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 7/1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ettie E. Deifenbach

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* ——— *Months,* ——— *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, Machinist

Birthplace, {State on country, and how long in the United States, if of foreign birth.} Bucks Just ✓

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 132 Bond st

Cause of Death, First, (Primary,) Acute Rheumatism

Second, (Immediate,) Endocarditis Pericarditis

Duration of Last Sickness, 4 days

All the above Information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10

Undertaker, J B Cook

Place of Business, 707 W Baltimore

D. F. Stevens M. D.,
Medical Attendant.

Address, 44 N Carey

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

5-11

Permit No. 84023

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} James Cassady,

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* — *Months,* 5 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 11 Milliman st,

Cause of Death, First (Primary,) Tetanus Navel

Second (Immediate,) Apnoea

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery Chas. B. Zigler M. D.

Medical Attendant.

Date of Burial, June 9th

Undertaker, Geo Schilling *Address* 282 N. Broadway

Place of Business, Ashland Square

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84024 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 8 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Brown

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* — *Months,* — *Days* 1

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} N. Y. State

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Co. Comminuted complicated frac. of pelvis, caused by being

Second (Immediate), by an engine (P. W. & B.)

Duration of Last Sickness, 7 hours.

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemetery

Date of Burial, June 9th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84025 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Susan Bowen Thompson

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* ..... *Months.* ..... *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Randallstown Md.

Duration of Residence in the City of Baltimore, Nearly 40 Years

Place of Death, {Give Street and Number.} 44 N Gough St

Cause of Death, First (Primary), Apoplexy

Second (Immediate), ...

Duration of Last Sickness, Was suffering from debility for several weeks

All the above information should be furnished by the Physician.

Place of Burial, Mont Clare

Date of Burial, June 11. 1885

Undertaker, J B Cook

Place of Business, 707 W Baltimore *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84026 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Jan. 8, 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elijah Williams

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 27 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 6 Myers Ct.

Cause of Death, First (Primary), Phthisis

Second (Immediate), Asthinia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, June 9 1885

Undertaker, Saml. W. Chase

Place of Business, S. Howard St

C. L. Cox M. D.
Medical Attendant

Address, 210 Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The [illegible] is respectfully invited to the remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84027 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Delia Boyle

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 5 *Months.* *Days*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

~~*Occupation,*~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 41 Dewberry Alley

Cause of Death, First (Primary), [illegible]

Second (Immediate), Spasms

Duration of Last Sickness, Two days.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross cemetery.

Date of Burial, June 9 1885

Undertaker, J. Cadogan

Place of Business, 227 Mulberry St

H. L. Shriver M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84028 *Office of Registrar of Vital Statistics.* Ward 11 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CLERK'S OFFICE JUN 9 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm C. Stewart

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 14 *Years,* *Months,* *Days*

Color, Coll

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} /

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 48 Tyson

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 9th 1885

Undertaker, Chas. W. Chase

Place of Business, 98 S. Howard St

G Lane Tompkins M. D.
Medical Attendant.

Address, 219 Madison ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84029 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Barton

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 62 Race St.

Cause of Death, First (Primary), Bronch. Catarrh

Second (Immediate),

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemy

Date of Burial, June 9 1886

Undertaker, Geo W Robins

Place of Business, 221 Hanover St. *Address,* Canton Depot

J. M. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84030 *Office of Registrar of Vital Statistics.* Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 9 1888 BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, June the 8th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Backer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ~~*Years,*~~ ~~*Months.*~~ not a year Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} No 30 Miller St

Cause of Death, First (Primary),

Second (Immediate), died in Spasms.

Duration of Last Sickness, Since Birth

All the above information should be furnished by the Physician.

Place of Burial, at Holly Crofts

Date of Burial, June the 9th

Undertaker, Geo Schilling

Place of Business, Ashland & Ignau

Samuel A Steiner M. D.
~~Medical Attendant.~~

Address, Camp No 8 & 10

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Emanuel Weinman.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 54031 *Office of Registrar of Vital Statistics.* Ward 6 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE

Date of Death, June 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } William F. Overbeck

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } Male

Age, 4 *Years,* 10 *Months,* 21 *Days,*

Color, White

Married, ~~Single, Widow~~ or Widower, { Cross out the word not required in this line. } Child

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 95 Jefferson street

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,)

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 10th 1885

Undertaker, Peter Frey

Place of Business, 91 Eden Av *Address,*

Dr. James E. Whiteford,
195 Aisquith Street,
Baltimore, Md.
M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

Board of Health, City of Baltimore,

3 4

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84032

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 9 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} August Fred. Reed

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* 4 *Days.*

Color, White *Sex,* Male

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Balto City,

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 57 S. Caroline st.,

Cause of Death, {First (Primary,) Hydrocephalus

{Second (Immediate,) Convulsions,

Duration of Last Sickness, 3 Months,

All the above information should be furnished by the Physician.

Place of Burial, Fell's Point Church Cemetery

Date of Burial, June 10th 1885

{*Undertaker,* Peter Frey

{*Place of Business,* 91 Eden Alley

Chas. B. Leigler M. D.
Medical Attendant.

Address 282 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84033 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 8th '85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip Tyler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 11 Months, 12 Days

Color, Dark

~~*Married*~~, ~~*Single*~~, *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} 41 Burgundy Al.

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Three Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Wayst

J. Tyler Smith M. D.
Medical Attendant.

Address, 359 Barre St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84034 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 7th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catharine Appelt

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 yrs.

Place of Death, {Give Street and Number.} 45 S. Norfolk

Cause of Death, First (Primary), Consumption of Lungs

Second (Immediate),

Duration of Last Sickness, Ten Months

All the above information should be furnished by the Physician.

Place of Burial, St. Thomas Cem.

Date of Burial, June 10th 85

Undertaker, G. France

Place of Business, Pratt & Wolfe Sts *Address,* S. McClintock Ave

John F. Monnan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84035 *Office of Registrar of Vital Statistics.* Ward 5 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 9 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mathias Schmans

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 77 *Years,* *Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Shoemaker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 39 years

Place of Death, {Give Street and Number.} 140 Low St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 years

All the above Information should be furnished by the Physician.

Place of Burial, St. Alphonsus Cem.

Date of Burial, June 11th 1885

Undertaker, Adam Fink

Place of Business, 46 W. Lay

M. D.
Medical Attendant.

Address, 137 Aisquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to the List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 84936 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 10 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 7th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Earnest Bieritz

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 65 *Years,* 5 *Months,* 4 *Days,*

Color, W.

~~*Married, Single, Widow or*~~ *Widower,* {Cross out the word not required in this line.}

Occupation Paver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 37 years

Place of Death, {Give street and Number.} 8 Stockton St

Cause of Death, First (Primary), Cerebral softening

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 weeks

the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 10

Undertaker Walter Immel

Place of Business, 315 W. Baltimore *Address,*

T. Ricker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84037 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel J. Bostain

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 6 *Months,* 29 *Days*

Color, C

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 49 Walker St

Cause of Death, First (Primary), Malarial Diarrhoea

Second (Immediate), Collapse

Duration of Last Sickness, 16 Days

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 10 1885

Undertaker, Hercules Ross

Place of Business, 95 Con Wayst

A. M. Gilbreath M. D.
Medical Attendant.

Address, 343 W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84038 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within ~~twenty-four hours~~ after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 10 1885

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George P Fick

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 400 Park Ave

Cause of Death, First (Primary), Fatty Degeneration of the Heart

Second (Immediate), Heart Failure

Duration of Last Sickness, Several months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 11th 1885

Undertaker, Wm J Cullen & Son

Place of Business, Park & Saratoga Sts

A La Chen *M. D.*
Medical Attendant.

Address, 1412 Lanvale St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

Health Department, City of Baltimore.

Permit No. 84039 *Office of Registrar of Vital Statistics.* **Ward** 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Coleman

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 2 *Months.* 1 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, XXX

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 11 Philpot Alley

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate),

Duration of Last Sickness, Four Weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore 6 Comm

Date of Burial, June 11 1885

Undertaker, Michael Lentz

Place of Business, 155 Bank

James E Donnelly *M. D.* Medical Attendant.

Address, 996 Bank St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 17 9

Permit No. 84049

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRATION AGENT, JUN 10 1885 BALTIMORE, M.D.

CERTIFICATE OF DEATH.

Date of Death, June 9 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lillie P. Marsh

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* 3 *Months,* ~ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 511 Light St

Cause of Death, First (Primary), Meningitis

Second (Immediate), Convulsions

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetary

Date of Burial, June 11th 1885

Undertaker, Anthony Quinn

Place of Business, 263 Light

R. H. Ellis M. D.

Medical Attendant.

Address, 343 Light St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK SAFETY

Health Department, City of Baltimore.

Permit No. 84041 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JUN 10 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frederick Hinrichs

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 2 *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 94 S. Fulton

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 26 hours

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 10/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

W. R. McKenzie M. D.
Medical Attendant.

Address, 582 W. Fayette

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84045 *Office of Registrar of Vital Statistics,* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 9. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Hubert,

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, 26. *Years,* 6. *Months,* *Days*

Color, White.

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City, Irish Lineage

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 407 Ramsay St.

Cause of Death, First (Primary), Puerperal Peritonitis

Second (Immediate),

Duration of Last Sickness, 7 days.

All the above Information should be furnished by the Physician.

Place of Burial, Louden Park Cem

Date of Burial, June 11 1885

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 837 W. Pratt St.

J. R. Wilson *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physician, and on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84043 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 10 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 8 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos Samuel

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} A A Co Md

Duration of Residence in the City of Baltimore, one Year

Place of Death, {Give Street and Number.} # 203 Bruce Alley

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, W Public Cemetery

Date of Burial, June 10 85

Undertaker, C A Parkinson

Place of Business, Health Dept

James A Steuart M. D.
~~Medical Attendant.~~

Address, Cam Md

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Col A Woodward, Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 8470 44 *Office of Registrar of Vital Statistics.* **Ward** 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 10 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ella Gibbons

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 hours ~~*Days*~~

Color,

~~*Married*~~, *Single, Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore. Since Birth

Place of Death, {Give Street and Number.} 8 West Balto. st

Cause of Death, First (Primary), Premature Birth

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 hours

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 10th 1885

Undertaker, James P Byrne

Place of Business, N° 63 N Front St

J Ridgway Andrews M. D.
Medical Attendant.

Address, 11 E Balto st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Ward 1/6

Permit No. 84045 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE CITY HALL
JUN 10 1885

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Maggie Spiegel

Sex, Male or Female, { Cross out the word not required in this line. } female

Age, 3 Years, 9 Months, 24 Days,

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto. City since born

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 37 Fountain st.

Cause of Death, First (Primary). membranous Croup

Second (Immediate).

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, St Thomas a m

Date of Burial, June 11 1885

Undertaker H. Blatkamp & Co

Place of Business, 253 E. Lombard st

P. L. Dausel, M. D.
Medical Attendant.

Address, 325 E. Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 84046 *Office of Registrar of Vital Statistics.* Ward 10 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of la

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 10 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH

Date of Death, 6. 10. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fred'k Wm Reinhardt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 5 *Months,* 15 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, 5 5/6 mo

Place of Death, {Give street and Number.} 3 Baker's Court

Cause of Death, First, (Primary,) Congestion of Lung

Second, (Immediate,)

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 11th 1885

Undertaker, Ph. Seewald,

Place of Business, 35 S. Eutaw St. *Address,* 249 Lee

M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 84047 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JUN 10 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 5th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Edwards

Sex, Male or ~~Female~~ {Cross out the word not required in this line.}

Age, 22 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Mariner

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Cabin Window off Chs Wells Wharf

Cause of Death, First (Primary), Accidentally Drowned

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, 10 June 1885

Undertaker, John C Sitter

Place of Business, 26 Wharves Address, 108 Aliceanna St

E. Hall Keener M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 84048

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 10 1885

BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 9. 85

Full Names of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Harry W. Hart

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~~~ *Years,* 5 *Months,* ~~~~ *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} ~~~~

Occupation, ~~~~

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number} 132 Harmony Lane

Cause of Death, {First, (Primary,) Acute Dysentery

Second, (Immediate,) Convulsions

Duration of last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 10 1885

Undertaker, Wilcom & Dungee

Place of Business, 62 East st

John J. Young M. D.
Medical Attendant.

Address, 215 N. Carrollton a

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

{OVER}

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84049 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Barber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Ragpicker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Messina, Italy

Duration of Residence in the City of Baltimore, Fifty years

Place of Death, {Give Street and Number.} 200 S. Ann St.

Cause of Death, {First (Primary),

Second (Immediate), Cystitis

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 11 1885

Undertaker, H. Sander & Son

Place of Business, 252 Eastern Av Address, 207 S Broadway

Nicholas L. Dashiell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 87050 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lavinia C. Smith

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} 545 Eutaw Place

Cause of Death, First (Primary), Mitral Insufficiency + Heavy Cold.

Second (Immediate), Congestion & Oedema Lungs

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 11th 1885

Undertaker, John N. McCoy

Place of Business, 32 W Fayette St. *Address,* 97 N Charles St.

Thomas Shearer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 84051 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the ~~death of said~~ deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harriett V Goss

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 40 *Years,* — *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Widow

Occupation, Washerwoman

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 35 years

Place of Death, { Give street and Number. } 48 Moores Alley

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Heart Disease

Duration of Last Sickness, 7 months

All the above information should be furnished by the Physician.

Place of Burial, Loudon County

Date of Burial. June 12th 1885

Undertaker, W. H. Bishop

Place of Business, 97 Druid Hill Ave

J. A. Gillis M. D., Medical Attendant.

Address 180 W Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

Health Department, City of Baltimore.

Permit No. 84052 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 11 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary E. Bushrod

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 25 *Years,* *Months.* *Days*

Color, ~~c~~

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 292 N. Hoffman

Cause of Death, First (Primary), Phthisis pulmonalis,

Second (Immediate), "

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, June 11th 1885

Undertaker, Alex. Hemsley

Place of Business, 116 Orchard St. *Address,* 307 Madison Ave

W. W. Browne M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on

Board of Health, City of Baltimore.

Permit No. 84053 *Office of Registrar of Vital Statistics.* **Ward** 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE
JUN 12 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Windon Davis

Sex, Male or Female, { Cross out the word not required in this line. } male

Age, ... *Years,* 11 *Months,* ..... *Days,*

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation ~~Baltto~~ — —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore, — —

Place of Death, { Give street and Number. } 11 E. Madison st

Cause of Death. First (Primary), Scarlet Fever

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th

Undertaker Geo Schilling

Place of Business, Ashland Square *Address,* 228 E. Preston st

W. B. Billingslea M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84057 *Office of Registrar of Vital Statistics.* Ward 15-9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT RECEIVED JUN 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 10th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary McKnight

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 57 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Single~~ Widow ~~Widower~~

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Salisbury Maryland

Duration of Residence in the City of Baltimore, 25 years

Place of Death, {Give Street and Number.} 167 Williams

Cause of Death, First (Primary), Gastritis

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetary

Date of Burial, June 12th 1885

Undertaker, Armstrong & Quinn

Place of Business, 263 Light St

J. C. Burch M. D.
Medical Attendant.

Address, 151 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84053 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

B

Date of Death, June 11th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Ammann,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Six (6) *Years,* One (1) *Months.* Ten (10) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany. Three years nearly.

Duration of Residence in the City of Baltimore, Three (3) years.

Place of Death, {Give Street and Number.} No 7 Barclay St

Cause of Death, First (Primary), Diphtheria.

Second (Immediate), Convulsions. ✓

Duration of Last Sickness, About one week.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12th 1885

Undertaker, [illegible]

Place of Business, [illegible] *Address,* University Hospital

H. E. Forbes, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84056 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 11 1895
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 10th.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Dietlein

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 2 *Years,* ____ *Months.* ____ *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ____

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City.

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give Street and Number.} 150 Burgundy Street.

Cause of Death, First (Primary) Cholera Infantum.

Second (Immediate) Convulsions

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial,

Date of Burial,

Undertaker,

Place of Business,

Wm. H. Alderdice M. D.
Medical Attendant.

Address, Cor Cumberland & Fremont Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8405 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10. 1883

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Lois Volk Schumacher

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* 8 *Months,* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, All life

Place of Death, {Give Street and Number.} 184 Conway St

Cause of Death, First (Primary), Carcinoma of Right breast

Second (Immediate), Heart clot

Duration of Last Sickness, Cancer 3 years Heart clot 18 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial, June 12" 1883

Undertaker, D Emmy Sullivan

Place of Business, 550 W Fayette St

W. H. Kemp M. D.
Medical Attendant.

Address, 55 N Greene St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84058 *Office of Registrar of Vital Statistics.* Ward 32

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 9th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Henry Davis

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 55 *Years,* 5 *Months,* 15 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} ✓

Occupation, Pilot

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Fifty one years

Place of Death, {Give Street and Number.} 4 S Washington St

Cause of Death, First (Primary),

Second (Immediate), Dropsy

Duration of Last Sickness, Ten months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 12 1885

Undertaker, M. A. Dayon

Place of Business, 74 S. Bury

Nicholas L. Dashiell, M. D.
Medical Attendant.

Address, 207 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 84059 *Office of Registrar of Vital Statistics.* Ward 16 Ct

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 11 1885

CERTIFICATE OF DEATH.

Date of Death, June 10th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Chas Weber

Sex, ~~Male or Female,~~ {Cross out the word not required in this line.} Male

Age, 65 *Years,* 7 *Months,* *Days,*

Color, White

Married, ~~Single,~~ ~~Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Smith

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {City street and Number.} 90 Dover St.

Cause of Death, First, (Primary,) Cancer of Liver

Second, (Immediate,) Exhaustion

Duration of Last Sickness, Several months

All the above Information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 12 1885

Undertaker, A Rosenberger

Place of Business, 70 Woodberry

Geo A Strauss M. D.,
Medical Attendant.

Address, 228 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84060 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 11 1885

CERTIFICATE OF DEATH.

Date of Death, June 10th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Stanislaus Wilinska (Father

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ~~~ *Years,* ~~~ *Months,* / *Days*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 336 Canton Ave

Cause of Death, First (Primary),

Second (Immediate), Asthenia

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, St Agnes

Date of Burial, June 11th 1885

Undertaker, H. Lovedee & Co

Place of Business, 215 S. Bond St

James A Cleary M. D.
Medical Attendant

Address, Cor Fleet & Patterson Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts & Instructor

...Certificate.

Health Department, City of Baltimore.

Permit No. 84061 *Office of Registrar of Vital Statistics.* Ward 27

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecelia Sawinski

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 1 *Years,* 7 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~ Single

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give Street and Number.} # 318 Aliceanna St

Cause of Death, First (Primary), Meningitis (Cerebral)

Second (Immediate), Convulsions

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Ft Olivets Cemetery

Date of Burial, June 11 1885

Undertaker, Fr Grach & Co

Place of Business, 211 S. Eutaw St

Otto A. Kelling M. D.
Medical Attendant.

Address, 318 Aliceanna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84062 *Office of Registrar of Vital Statistics.* Ward 5 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

~~*Full Name of Deceased,*~~ { Write legibly and spell correctly. If an Infant not named, give names of parents. } Wm. R. Gracey & Lizzie Gracey

Sex, ~~*Male or*~~ *Female,* { Cross out the word not required in this line. }

Age, One hour ~~*Years,*~~

Color, ~~*Months,*~~

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ { Cross out the words not required in this line. } ~~*Days.*~~

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } 374 E. Monument — M-Balt

Duration of Residence in the City of Baltimore, Lifelong

Place of Death, { Give Street and Number. } 374 E. Monument — H

Cause of Death, First (Primary), Prematured

Second (Immediate),

Duration of Last Sickness, one hour

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 11th

Undertaker, Geo Schilling

Place of Business, Ashland & Lynn

Wm. L. Russell M. D.

Medical Attendant.

Address, 238 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...pecially invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84063 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 11 1885 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, June 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Paul Magnus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ____ *Years,* 4 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ____

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 58 Forrest St

Cause of Death, First (Primary), Anemia

Second (Immediate), Convulsions

Duration of Last Sickness, Sickly since birth

All the above information should be furnished by the Physician.

Place of Burial, Balt Cemetery

Date of Burial, June 11th/85

Undertaker, C E Rau

Place of Business, 62½ W. Balt St

Francis T. Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 84064 *Office of Registrar of Vital Statistics.* **Ward** 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 11 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 11 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Myrian Brhsand

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, — *Years,* — *Months,* 4 *Days,*

Color, White

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation

Birthplace, { State or country, and how long in the United States. If of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and Number. } 44 S Ann St

Cause of Death, First (Primary),

Second (Immediate) Premature birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial Old St Alls Philadelphia Road

Date of Burial, June 11. 85

Undertaker H. Meyer

Place of Business, 149 E Lombard

A. Shepherd M. D.
Medical Attendant.

Address, 88 E Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 82065 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 11 1885

CERTIFICATE OF DEATH.

Date of Death, June 10 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ewen Brooks

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 4 *Days,*

Color, Black

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, Home

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 375 Vincent Alley.

Cause of Death, First, (Primary,) Spasms.

Second, (Immediate,) "

Duration of Last Sickness, two days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1885

Undertaker, Wm A' Dinges

Place of Business, 62 East St

L. E. Olds M. D.,
Medical Attendant.

Address, 1405 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 87666 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 11 1885

CERTIFICATE OF DEATH.

Date of Death, June 8th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Tillman

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Co.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 5 Union St.

Cause of Death, First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 10 1885

Undertaker, William A. Dunger

Place of Business, 62 East St.

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84067 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edgar Leon Eckert

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months.* 7 Hours *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} No 315 E Eager st

Cause of Death, First (Primary), ...

Second (Immediate), Premature Birth

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 12th 1885

Undertaker, Geo Schilling

Place of Business, ...

James A. Stuart M. D.
Medical Attendant.
Asst Health Registrar
Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry McM Kewen Sanitary Inspector [OVER.]

Board of Health, City of Baltimore,

Permit No. 84068

Office of Registrar of Vital Statistics.

18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Rice

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 68 *Years,* 4 *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the word not required in this line.}

Occupation, Laborer

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give street and number.} Lemon St 41

Cause of Death, First, (Primary.) Valvular disease of Heart

Second, (Immediate.)

Duration of Last Sickness, Confined to bed One week

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 13/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St *Address,* Carroll Balto. Co.

Ro. E. Hogyday M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84069 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 11 1885

CERTIFICATE OF DEATH.

Date of Death, June 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Reidsen

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} 1551 N. Gilmor St

Cause of Death, First (Primary), Eclampsias

Second (Immediate), Exhaustion

Duration of Last Sickness, 24 hours 1 1

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus Yard

Date of Burial, June 12 th

Undertaker, Andrew Rohde

Place of Business, 43 Pine Ave *Address,*

H. Rickert M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84070 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs Henrietta Finley.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 50 *Years,* —— *Months,* —— *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} New York City.

Duration of Residence in the City of Baltimore, 20 years.

Place of Death, {Give Street and Number.} No. 347 W. Lafayette Ave.

Cause of Death,
First (Primary), Intussusception of Bowels.
Second (Immediate), Exhaustion.

Duration of Last Sickness, 11 days.

All the above information should be furnished by the Physician.

Place of Burial, Green mount Cemetery.

Date of Burial, June 12/85

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette st.

R. Hez Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84071 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah A. Smith

Sex, ~~Male or Female~~, {Cross out the word not required in this line.} Female

Age, 69 *Years,* 8 *Months.* 10 *Days*

Color,

Married, ~~Single~~, *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Harford Co

Duration of Residence in the City of Baltimore, 6 years

Place of Death, {Give Street and Number.} 181 Columbia Ave

Cause of Death, First (Primary). General Debility

Second (Immediate), Dropsy

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 12/85

Undertaker, Ph. J. Dill & Son

Place of Business, 183 Columbia *Address,* 313 N. [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84072 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen McCabe

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 83 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Don't Know

Place of Death, {Give Street and Number.} Inst. Little Sisters Poor

Cause of Death, First (Primary),

Second (Immediate), Infirmity

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 13 1885

Undertaker, Jas O Byrne

Place of Business, 63 Penn

Geo Burke Brady M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Board of Health, City of Baltimore,

Ward 4th

Permit No. 8407 3 *Office of Registrar of Vital Statistics.*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Fredericke M. Eills

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 1 *Years,* — *Months,* 24 *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Chine ✓

Occupation Baltimore

Birthplace, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} Rear of 47 Granby St

Cause of Death, First (Primary),

Second (Immediate) Dysentery

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, June 13th 1885

Date of Burial, Balto. Cemtry

Undertaker Wm Nicolaus

Place of Business, 268 Alice Ann, *Address,* 88 E Baltd St

A Imperatori M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. {OVER.}

KODAK SAFETY FILM

Health Department, City of Baltimore.

Permit No. 84074 *Office of Registrar of Vital Statistics.* Ward 17 4 T

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 10th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Vehmeyer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 7 *Years,* 11 *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} Mt. Lemon Corner Baltimore

Cause of Death, First (Primary), Accidentally drowning

Second (Immediate), " "

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park Cemetery.

Date of Burial, June 12th 85

Undertaker, C. A. Holl

Place of Business, 83 Monroe St

Geo. A. Bell M. D.
Medical Attendant.

Address, 161 Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84075 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

JUN 12 18

Date of Death, June 11 Th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Eck

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 75 *Years,* *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow or Widower,* {Cross out the words not required in this line.} W

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 107 Bethel St

Cause of Death, First (Primary), Old age

Second (Immediate), extreme exhaustion

Duration of Last Sickness, about two weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 13 85

Milton N. Taylor M. D.
Medical Attendant.

Undertaker, H. Hafemann

Place of Business, 63 N. Eden St *Address,* 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 84076 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Konop,

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* V *Days.*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 89 Moore's alley.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Marasmus -

Duration of Last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 12 1885

Undertaker, A. J. Hensley

Place of Business, 1160 Orchard st

D. Edw. Janney M. D.,
Medical Attendant.

Address, 242 W. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8407 *Office of Registrar of Vital Statistics.* Ward 15-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. C

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos. H. Smith

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Seventy five (75) *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Boiler Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Sixty one yrs

Place of Death, {Give Street and Number.} 23 Warren Ave

Cause of Death, First (Primary), Old age and general debility

Second (Immediate), Prostration

Duration of Last Sickness, Three months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 17 85

Undertaker, Armstrong & Dorsey

Place of Business, No 263 Light St *Address,* 311 W Lombard St

B T Phillips *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84078

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 12 18

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Grover Cleveland Grubb

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* 3 *Days.*

Color, White *Sex,* ———

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ———

Occupation, ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, ———

Place of Death, {Give street and number.} 390 E. Chase St.

Cause of Death, First (Primary,) Enteritis

Second (Immediate,)

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 12 1885

E. B. Fenby M. D.
Medical Attendant.

Undertaker, John Heneidy

Place of Business, 384 Caroline St Address 283 N. Eden St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER

Health Department, City of Baltimore.

Permit No. 84079 *Office of Registrar of Vital Statistics.* Ward 16 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 10th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget O Rourke

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 62 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 8 Emory St

Cause of Death, First (Primary) Accidental Suffocation by Smoke

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 12th 1885

Undertaker, John H Ries

Place of Business, No 858 W. Pratt St

L. A. Bell M. D.
Medical Attendant

Coroner

Address, 161 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84080 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Dorsey

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, Sixty-four *Years,* *Months,* *Days*

Color, Black

Married, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Cook

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 4 Regester st

Cause of Death, First (Primary), General debility

Second (Immediate),

Duration of Last Sickness, About Six Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 12 1885

Undertaker, Hercules Ross

Place of Business, 95 Eare West st

Julius Hall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 84081 *Office of Registrar of Vital Statistics.* Ward 23

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa Wilmer

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, / *Years,* 8 *Months,* *Days*

Color, C

Married, Single, Widow or Widower, {Cross out the words not required in this line.} /

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 28 S. Bethel st

Cause of Death, First (Primary),

Second (Immediate), Whooping Cough

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel cem

Date of Burial, June the 14 1885

Undertaker, W. B. Lothamy, Jr

Place of Business, 253 E. Lombard St

Thos. A. Stevens M. D.

~~Medical Attendant~~

Address, Lemuel St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back.

Health Department, City of Baltimore.

Permit No. 84082 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 11- June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named give names of parents.} Patrick Sheehan

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* ✓ *Days*

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Tool Maker at Mc Clure

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Limerick Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 89 - Stockton St-

Cause of Death, First (Primary), Senile Debility

Second (Immediate),

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, St Peters Cemetery.

Date of Burial, June 13th 1885.

Undertaker, Mr Quarlin Fahey

Place of Business, #126 N. Townsend St. *Address,*

H J Houck M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84083 *Office of Registrar of Vital Statistics.* **Ward** 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George W. Dorsey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 29 *Years,* 10 *Months,* 30 *Days*

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 401 Lexington st

Cause of Death, First (Primary), Exhaustion

Second (Immediate), Paralysis of Brain

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem.

Date of Burial, June 14th

Undertaker, John Teufel

Place of Business, 399 Lexington st *Address,* 582 W. Fayette

W. R. McAllen M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84084 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 11 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles E. Morris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 317 Howard St.

Cause of Death, First (Primary), Spasms

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 12 1885.

Undertaker, Geo. Ellis

Place of Business, 221 Hanover Address, 210 Sharp St

C. E. Boozer M. D.

Medical Attendant,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore.

Permit No. 84085 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

Date of Death, June 12th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Nicholas Brown and

Sex, Male ~~or Female,~~ { Cross out the word not required in this line. }

Age, 2 *Years,* 1 *Months,* 6 *Days,*

Color, White

~~*Married, Single, Widow, Widower,*~~ { Cross out the word not required in this line. } √

~~*Occupation*~~

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto.

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and Number. } # 4 China alley

Cause of Death, First (Primary), Dysentery fever

Second (Immediate), Anaemia

Duration of Last Sickness, 5 months

the above information should be furnished by the Physician.

Place of Burial, Ft Olivet Cem

Date of Burial, June 13

Undertaker B. Hall

Place of Business, 52 West St

Geo. H. Dixon M. D.
Medical Attendant.

Address, # 66 Hanover S

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 84086 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, 11 June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Mollie Katzenberg.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 31 *Years,* *Months,* *Days*

Color,

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 217 N. Gay st.

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate), Exhaustion From Repeated Haemoptysis

Duration of Last Sickness, Several Years.

All the above information should be furnished by the Physician.

Place of Burial, Balt. Hebrew

Date of Burial, 15 Jun.

Undertaker, J. Behrend.

Place of Business, 101 E Lombard

B. F. Leonard M. D.
Medical Attendant.

Address, 314 E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8408 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Franklin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 4 *Years,* ——— *Months,* ——— *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 22 Stockton St

Cause of Death, First (Primary), Tuberculosis

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 13th 1885

Undertaker, Wm. H. Price

Place of Business, 199 S. Howard St

H Nelson M. D.
Medical Attendant.

Address, 282 Hollins St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on B

Board of Health, City of Baltimore.

Permit No. 84088. *Office of Registrar of Vital Statistics.* Ward 19

HEALTH DEPARTMENT
JUN 13 1885
BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Friday June 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Solomon Dowden

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* *Months,* *Days,*

Color, Caucasian

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Farmer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Loudon Co Virginia

Duration of Residence in the City of Baltimore, has resided in Montgomery Co Md. nearly all his life

Place of Death, {Give street and Number.} 233 N. Mount St.

Cause of Death, First (Primary), Chronic Malaria

Second (Immediate), Paralysis Hemiplegia

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Germantown Montgomery Co Md

Date of Burial, June 14th 1885

Undertaker S. M. Leonard Son

Place of Business, 782 W Baltimore *Address,* 538 W. Fayette St

D. Morris M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

3756 Transit

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 84089 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUN 13 1885

CERTIFICATE OF DEATH.

Date of Death, June 11th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Willie Lockmon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 15 *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 37 Chesnut St

Cause of Death, First (Primary), ...

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 11 1885

Undertaker, W N Dungee

Place of Business, 62 East St

Edward Lewis M. D.
Medical Attendant.

Address, Camp Near N

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the burial a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 84090 *Office of Registrar of Vital Statistics,* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 10th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo Smallwood

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months.* — *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} No 7 Norris alley

Cause of Death, First (Primary), Marasmus

Second (Immediate),

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Lionel Cemetery

Date of Burial, June 19 1885

Undertaker, Wilson & Longo

Place of Business, 62 East St

J. K. Warren M. D.
Medical Attendant.

Address, 2 S Sharp

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84091 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1885

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 2 *Months,* ——— *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} St. Vincents Asylum.

Cause of Death, First (Primary), Cerebral Disease

Second (Immediate), Convulsions

Duration of Last Sickness, one Month

All the above information should be furnished by the Physician.

Place of Burial, Green Cathedral

Date of Burial, June 13/885

Undertaker, Robert Robinson

Place of Business, Institution

T. J. F. Lannery M. D.
Medical Attendant.

Address. Wilson & Division sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back [illegible]

Health Department, City of Baltimore.

Permit No. 84092 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 12/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Inula Kirchweber

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, ... *Years,* 7 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, since birth

Place of Death, {Give Street and Number.} 21 Orchard

Cause of Death, First (Primary), unknown

Second (Immediate), Convulsions

Duration of Last Sickness, 6 to 10 hrs.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 14th

Undertaker, Geary Brielle

Place of Business, Pennsylvania Ave 81

Jno F Smith M. D.
Medical Attendant.

Address, 281 E Chas St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Health Department, City of Baltimore.

Permit No. 84093 *Office of Registrar of Vital Statistics.* Ward 41

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Evans

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 27 *Years,* *Months,* *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Servant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md —

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 2 Mullikin St Court

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, Six months.

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Cem

Date of Burial, June 13 1885

Undertaker, W W Maddox

Place of Business, 76 Eutaw St

L. A. Coale M. D.
Medical Attendant.

Address, 13 Park St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84094 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 12, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Camphor.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 1 *Years,* 3 — *Months,* — *Days*

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Lifetime ✓

Place of Death, {Give Street and Number.} 96 S. Dallas St

Cause of Death, First (Primary), Pertussis.

Second (Immediate) Eclampsia.

Duration of Last Sickness, two weeks.

All the above information should be furnished by the Physician.

Place of Burial, Lobby Evergreen Cem

Date of Burial, June 13. 1885

Undertaker, Wm Madden

Place of Business, 76 East St

A. V. Goswiler M. D.
Medical Attendant.

Address 96 S. Ann St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

Permit No. 84095

Office of Registrar of Vital Statistics. 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT JUN 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hattie E Galvin

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, 9 *Years,* 3 *Months,* 6 *Days.*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the word not required in this line.} Single

Occupation,

Birthplace, {State or Country and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give street and number.} 402 Hollins St.

Cause of Death, First, (Primary.) Scarlet Fever.

Second, (Immediate.) Convulsions

Duration of Last Sickness, 3 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 12th 1885

Undertaker, Deery & Mitchell

Place of Business, 550 W. Fayette

Jno T Powell M.D.,
Medical Attendant.

Address, 227 Cathedral Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84096 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 12 5

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Numsen

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 25 *Years,* — *Months.* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 45 Columbia Ave

Cause of Death, First (Primary), Septicaemia

Second (Immediate), Prostration

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 13/85

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

C. L. Buddenbohn M. D.
Medical Attendant.

Address, 166 S. Paca st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84097 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 11. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frederick Luther

Sex, Male or Female, {Cross out the word not required in this line.} Male.

Age, 69 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Laborer.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 yrs.

Place of Death, {Give Street and Number.} 91 Cambridge St.

Cause of Death, First (Primary), Heart failure

Second (Immediate), Gastritis

Duration of Last Sickness, several weeks.

All the above information should be furnished by the Physician.

Place of Burial, Emmanuels Cemetery

Date of Burial, June 13 th 1885

Undertaker, John Kenney

Place of Business, 382 Orleans St

F. J. Gosweiler M. D. Medical Attendant.

Address, 96. So. Ann St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84098 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 13 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Marian Eliz^th Blakiston

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* Four *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 15½ Lee St: between N. & L Eutaw

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, W. Presb. Cemetery

Date of Burial, June 13th/85

Undertaker, F. A. Kerchner

Place of Business, ~~[illegible]~~

Julius Dall M. D.
Medical Attendant.

Address, Southern Dispensary

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84099

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately f*
out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased
sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 12th, 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Christhilf

Sex, Male or Female, {cross out the word not required in this line.} Female

Age, — *Years,* — *Months,* One *D*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, one day —

Place of Death, {Give street and number} 452 N. Fremont

Cause of Death, {First, (Primary,) / Second, (Immediate,)} Cyanosis

Duration of last Sickness, one day —

All the above information should be furnished by the Physician.

Place of Burial, Greenmount

Date of Burial, June 13/1885

Undertaker, Geo. Bruch

Place of Business, Penn ave City

Louis W. Knight M.
Medical Attendan

Address, 412 N. Frem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notic furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificat ting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the son deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[ov

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

Health Department, City of Baltimore.

Permit No. 84100 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 12

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ind. G. Thompson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 67 *Years,* 1 *Months,* 25 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sales

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 226 S. Fremont St

Cause of Death, First (Primary), Ascites

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem.

Date of Burial, June 14th 1885

Undertaker, Wm J Fickner

Place of Business, 65 S Eutaw St

J. C. Buck M. D.
Medical Attendant.

Address, 15 N Stanrew St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore.

Permit No. 84101 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 13 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Josiah H Daily

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 37 *Years,* 6 *Months,* 13 *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation Piano Varnisher

Birthplace, {State or country, and how long in the United States, if of foreign birth.} New York State

Duration of Residence in the City of Baltimore, 14 years

Place of Death, {Give street and Number.} 93 S Fremont St

Cause of Death, First (Primary), Cerebral Apoplexy due to exposure to heat

Second (Immediate), Asphyxia

Duration of Last Sickness, six hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 15 1885

Undertaker Wm J Tiesner

Place of Business, 65 S Eutaw St *Address,* 136 Columbia ave

Geo R Graham M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 84102 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 13 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 11th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Esabella Mozie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 10 *Months,* ..... *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 10 mo

Place of Death, {Give Street and Number.} 1 Parish ale

Cause of Death, First (Primary),

Second (Immediate), Gastro Entiritis

Duration of Last Sickness, same

All the above information should be furnished by the Physician.

Place of Burial, Chas W Cemetery

Date of Burial, June 13th 1885

Undertaker, Earl W Chase

Place of Business, 195 S. Howard st

J M Hundley M. D.
Medical Attendant.

Address, 22 E Hamilton ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84103 *Office of Registrar of Vital Statistics.* Ward 18 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 13 1885

CERTIFICATE OF DEATH.

Date of Death, June 11, 85,

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} W^m A. H. Tempe

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* 10, *Months.* — *Days*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City.

Duration of Residence in the City of Baltimore, since birth,

Place of Death, {Give Street and Number.} Addison alley below Wilkins Ave.

Cause of Death, First (Primary), Malarial Dysentery

Second (Immediate), Convulsions

Duration of Last Sickness, 4 days,

All the above information should be furnished by the Physician.

Place of Burial, Powhatan Balto. Co.

Date of Burial, June 13/85

Undertaker, J. B. Poop

Place of Business, 707 W. Balto St. *Address,* 837 N. Paca St

T. R. Wilson M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back

Health Department, City of Baltimore.

Permit No. 84104 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Elizabeth Weber

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, 60 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 38 years

Place of Death, {Give Street and Number.} 64 Fr. Mt. Ave.

Cause of Death, First (Primary), Phthisis

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Mathews Lutheran Cemetery

Date of Burial, June 15th

Undertaker, Geo Schilling

Place of Business, Ashland Square

J H Collenberg M. D.
Medical Attendant.

Address, 344 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 84105 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Martha Queen

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, Years, 9 Months, Days,

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, 9 mo's

Place of Death, {Give street and Number.} 188 Vine street

Cause of Death, First (Primary),

Second (Immediate). Cholera Infantum

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14/85

Undertaker Chas. T. Scriven

Place of Business, 27 E. Eutaw

W. S. Tilcomb M. D.
Medical Attendant.

Address, 616 W Balto St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 24106 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE.

CERTIFICATE OF DEATH

Date of Death, June 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eva L. Scott

Sex, Male or Female, {Cross out the word not required in this line.} ~~Male~~ Female

Age, *Years,* Five *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 900 W Pratt St

Cause of Death, First (Primary), Artificial feeding

Second (Immediate), Marasmus

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemet

Date of Burial, June 15

Undertaker, J H Cook

Place of Business, 707 W Baltimore St

B F Phillips M. D.
Medical Attendant.

Address, 311 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84107 *Office of Registrar of Vital Statistics.* Ward 19"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14" 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Sarah Braxton Parent

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 1 *Months.* 15 Minutes *~~Days~~*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

~~Occupation~~,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 3 Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 36 Stockton Alley

Cause of Death, First (Primary), Praymature Birth

Second (Immediate), Heavy Work

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel County

Date of Burial, June 14" 1885

Undertaker, W N Dunger

Place of Business, ... *Address,* Cumb Md

James A Stewart M. D.
~~Medical Attendant.~~

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

H. L. Roberts S. Inspector

Health Department, City of Baltimore.

Permit No. 84108 *Office of Registrar of Vital Statistics.* Ward 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary L Leary

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* ~~ *Months,* ~~ *Days*

Color, Col

Married, ~~*Single,*~~ *Widow or* ~~*Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 3 Little Pine St

Cause of Death, First (Primary),

Second (Immediate), Consumption

Duration of Last Sickness, One Year

All the above information furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 14th 1885

Undertaker, S W Chase

Place of Business,

Samuel Steuart M. D.

~~*Medical Attendant*~~

Address, Camp N. of R

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

W C Roberts D. Inspector

[OVER.]

Board of Health, City of Baltimore,

Permit No. 84109 [redacted] *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Henry J. Talbott

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 6 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Single

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} Eutaw and Wayne Ave

Cause of Death, First, (Primary,) —

Second, (Immediate,) Meningitis

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17 1885

Undertaker, W W Madden

Place of Business, 46 Eutaw

J. A. Gillies M. D., Medical Attendant.

Address 1 N Pulaski

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

KODAK SE

Health Department, City of Baltimore.

Permit No. 8411 C

Office of Registrar of Vital Statistics.

Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE.

Date of Death, 14th June 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Anton Winkler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 1 6 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Surgical Infirmary

Cause of Death, First (Primary), L. Wolfstreet No 10

Second (Immediate), Cholera Infantum.

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 15 1885

Undertaker, James O Byrne

Place of Business, No 63 N Front St

Medical Attendant, H Kirane Henkel M. D.

Address, L. Wolfstreet No 10

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84111 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 14 '85 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 13th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lawrence Joy

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 21 *Years,* ..... *Months.* ..... *Days*

Color, white.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Brakeman on N. C. R. R.

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} North end B. + P. tunnel

Cause of Death, First (Primary), Fract. of neck + skull, caused

Second (Immediate), by being run over by cars.

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Saint Vincents

Date of Burial, June 15th 1885

Undertaker, John J. Andrews

Place of Business, No 416 Druid Hill Ave

Alexander Hill M. D.
Medical Attendant.

Address Coroners Cent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 54112

Office of Registrar of Vital Statistics.

Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 14 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Allen Downs

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 59 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, White washer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} #2 Hampstead

Cause of Death, First (Primary), Cerebral Hemorrhage or

Second (Immediate), Apoplexy

Duration of Last Sickness, One week or Five days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1885

Undertaker, Denny & Mitchell

Place of Business, 66 S Broadway

James E Donaldson M. D.
Medical Attendant.

Address, 199 E Baltimore

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 84113 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE

Date of Death, June 13th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Susan J. Poole

Sex, ~~Male or~~ *Female,* { Cross out the word not required in this line. }

Age, 40 *Years,* *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, 9 weeks

Place of Death, { Give street and Number. } Union Protestant Infirmary

Cause of Death, First, (Primary,) Anemia Subinvolution Ulcers

Second, (Immediate,) Softening of the Brain

Duration of Last Sickness, Not 5 Months

All the above information should be furnished by the Physician.

Place of Burial, Tappahannock Va

Date of Burial, June 16th 1885

Undertaker, Denny & Mitchell

Place of Business, 330 W Fayette St *Address,* 146 Park Ave.

H. O. Walton M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

Transit 3757

Health Department, City of Baltimore.

Permit No. 84111 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 14 1885 BALTIMORE.

CERTIFICATE OF DEATH.

Date of Death, June 12th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann E Henriette

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 5 *Days*

Color, Col

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 115 Pearl St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 14th 1885

Undertaker, Wm Gray

Place of Business,

James A Steuart M. D.
~~Medical Attendant~~

Address, Court House

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

W. E. Roberts Sr Inspector

The Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 84115 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 13, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Schmitt

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 18 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} .....

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 56 N Caroline St.

Cause of Death, First (Primary), Croup

Second (Immediate), ...

Duration of Last Sickness, ...

All the above Information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 15

Undertaker, Wendell & Dizel

Place of Business, ... *Address,* 344 E. Balto. St.

J. H. Leollenberg M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84116 *Office of Registrar of Vital Statistics.* Ward 2nd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

RECEIVED JUN 15 1885 REGISTRAR OF VITAL STATISTICS BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Krieg

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, *Years,* *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 324 S. Dallas St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, June 15

Undertaker, H. Diffee

Place of Business,

John H. Relberger M. D.
Medical Attendant.

Address, 243 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8411 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BOARD OF HEALTH, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Slusser

Sex, Male or Female, {Cross out the word not required in this line.}

Age, About Eight *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Maryland

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give street and Number.} Home of the Friendless Cor. Druid Hill Ave and Townsend St.

Cause of Death, First (Primary), Cerebro Spinal Meningitis Sporadic

Second (Immediate), Cerebro Spinal Meningitis (Sporadic)

Duration of Last Sickness, About one week

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 15th 1885

A K Bond M. D.
Medical Attendant.

Undertaker Wm Shaver

Place of Business, 202 N. Eutaw *Address,* 316 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84118 *Office of Registrar of Vital Statistics.* Ward 8-2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 15 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Holter

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 82 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cuba

Duration of Residence in the City of Baltimore, Dont Know

Place of Death, {Give Street and Number.} Inst. Little Sisters

Cause of Death, First (Primary), Age & Heavy Hernia

Second (Immediate), Infirmity

Duration of Last Sickness, 2 months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 16/85

Geo. Brooke Boyle M.D.
Medical Attendant.

Undertaker, Wm Blatchford

Place of Business, E. Lombard *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84119 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 13 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A. Wentz

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* 4 *Months.* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 203 Pennsylvania Ave

Cause of Death, First (Primary), Congestion of the Lungs

Second (Immediate),

Duration of Last Sickness, one week

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cem

Date of Burial, June 15th

Undertaker, C. H. Blizzard

Place of Business, ~~Carpenter & Undertaker~~ *Address,* 92 Mosher St

H. Fawcett M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84120 *Office of Registrar of Vital Statistics.* Ward 2d

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Cecilia Fick

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Since Birth

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 214 Caulton Av

Cause of Death, First (Primary), Tinea Maculosa

Second (Immediate),

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore cem

Date of Burial, June 16th 1885

John H. Mehlberger M. D.
Medical Attendant.

Undertaker, Wm. Sandey & Son

Place of Business, 252 Carlton Av *Address,* 214 Carlton Av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 8414 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 15 1885 CITY OF BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 6-13-86

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} David Geyer.

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 70 *Years,* *Months,* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carriage Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Penn

Duration of Residence in the City of Baltimore, 40 Years

Place of Death, {Give Street and Number.} 89 Columbia Ave

Cause of Death, First (Primary), Cardiac Dropsy

Second (Immediate),

Duration of Last Sickness, 2 Months

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 15th 1885

Undertaker, John S. Mosher

Place of Business, 150 Camden St *Address,* 76 Paca St

J. H. Larrew M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84122 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, June 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John George Uhlenburg

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 55 *Years,* 2 *Months.* 24 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} married

Occupation, Saloon - Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 30 Years

Place of Death, {Give Street and Number.} 273 S Bond St

Cause of Death, First (Primary), (Valvular) Heart disease

Second (Immediate),

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th 1885

Undertaker, Leonhard Perry

Place of Business, 1227 E. Baltimore St. *Address,* 299 E Baltimore St

James E Donnelly M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84123 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Johannah Riordon

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Wife

Birth Place, {State or country, and how long in the United States, if of foreign birth.} ~~Baltimore~~ Ireland

Duration of Residence in the City of Baltimore, 23 Years ~~Entire life~~

Place of Death, {Give Street and Number.} 90 S. Carrollton Ave

Cause of Death, First (Primary), Morbus Brightii

Second (Immediate), " "

Duration of Last Sickness, 12 Months

All the above information should be furnished by the Physician.

Place of Burial, ~~M. C.~~ St Peters

Date of Burial, ~~June~~ 16th 85

Undertaker, M. Cadogan

Place of Business, 227 Mulberry

Thos O'Brien M. D.
Medical Attendant.

Address, 179 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No. 84124 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Isaac Bell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 86 *Years,* ~~~ *Months,* ~~~ *Days,*

Color, W.

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 84 Parkin St.

Cause of Death, First, (Primary,)

Second, (Immediate,) Chronic Nephritis

Duration of Last Sickness, 4 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 15/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St

J. W. C. Addy, M. D.,
Medical Attendant.

Address, 137 N. Carrollton Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Board of Health, City of Baltimore,

Permit No. 84125 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 6.13.85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Walter Johnson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 4 *Months,* ..... *Days,*

Color, col

~~Married~~, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Md Lifelong

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 23 Bolton ave

Cause of Death, First, (Primary,) Meningitis

Second, (Immediate,) 8 days

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1885

Undertaker, D E Monaghan

Place of Business, 298 Bernard Address,

M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84126 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ellen Funk

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, about 45 *Years,* — *Months,* — *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, always

Place of Death, {Give Street and Number.} 96 Johnson St

Cause of Death, First (Primary), Epithelioma of Uterus

Second (Immediate), asthenia & Exhaustion

Duration of Last Sickness, one year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cemy

Date of Burial, June 16" 1885

Undertaker, Denny & Mitchell

Place of Business, 530 W Fayette St *Address,* 209 N Lombard St.

F West M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. 8427

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BOARD OF HEALTH JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14. 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph C. Adams

~~*Sex, Male or Female,*~~ { cross out the word not required in this line. } Male

Age, 7 *Years,* 7 *Months,* — *Days.*

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } —

Occupation, —

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 166 N. Arlington

Cause of Death, First, (Primary.) Scarlet fever & Diphtheria

Second, (Immediate.) —

Duration of last Sickness, 10 days -

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 16" 1885

John J. King M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette *Address,* 215 N. Carrollton ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[OVER]

Health Department, City of Baltimore.

Permit No. 84128. *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S AGENT,
JUN 15 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ida Ann. John. Freeman (Parents)

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ ~~Months,~~ 6 Days

Color, Colored.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 263 Cross St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, 1 one day.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 15th 1885

Undertaker, A Ross.

Place of Business,

James A Steuart M. D.
~~Medical Attendant.~~

Comm of Health & Registrar

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

John E. Lunday Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84129 *Office of Registrar of Vital Statistics:* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm W. Thweatt

Sex, Male or Female, {Cross out the word not required in this line.} Thweatt

Age, 19 *Years,* 1 *Months,* 16 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Petersburg Va

Duration of Residence in the City of Baltimore, 8 yrs

Place of Death, {Give Street and Number.} 185 German St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 6 mo.

All the above information should be furnished by the Physician.

Place of Burial, Petersburg Va

Date of Burial, June 16th /85

Undertaker, J. L. Montague

Place of Business, 298 Saratoga Ave *Address,* 306 E. Fayette St

C. W. Nedd M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3788 Thweatt

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8130. *Office of Registrar of Vital Statistics.* Ward 10 4 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 13th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Robert Penn

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Twenty eight *Years,* —— *Months,* —— *Days,*

Color, Black

~~Married, Single, Widow or Widower~~, { Cross out the word not required in this line. } Single

Occupation Labour

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Virginia

Duration of Residence in the City of Baltimore, Fifteen years

Place of Death, { Give street and Number. } 68 Pearl St.

Cause of Death, First (Primary), Organic disease of Heart

Second (Immediate), "

Duration of Last Sickness, about ten months

All the above Information should be furnished by the Physician.

Place of Burial, Prospect Cem

Date of Burial, June 15 1885

Undertaker C W Madden

Place of Business, 46 East St

Silas Baldwin M. D.
Medical Attendant.

Address, 162 Fremont

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 8413 *Office of Registrar of Vital Statistics.* **Ward** 34

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 13/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fredk Smith

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 5 *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. city

Duration of Residence in the City of Baltimore, ✓

Place of Death, {Give Street and Number.} 129½ S. Opie's Alley

Cause of Death, First (Primary), Erysipelas

Second (Immediate),

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 15th

Undertaker, Winfield Dippel

Place of Business, 117 S. Bond St. *Address,* 528 Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84132 *Office of Registrar of Vital Statistics.* Ward 5-4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JUN 15 1885
BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 14 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Lewitski

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* 1 *Months,* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 19 & 21 McElderry Entro Colitis

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Chesmon Cem

Date of Burial, 15 June

Undertaker, J. Behrens

Place of Business, 1312 Lombard St *Address,* 1 S Eutaw

J. F. Moyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 24133 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Ermer

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} Male

Age, 50 *Years,* 7 *Months.* 9 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} No 74 Fork Ave

Cause of Death, First (Primary), Brights Disease

Second (Immediate),

Duration of Last Sickness, Eight Weeks (two months)

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 16

Undertaker, F. Hull

Place of Business, 92 West St

Thomas B. Evans M. D.
Medical Attendant.

Address, 92 Jackson Square

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84134 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD. 74

CERTIFICATE OF DEATH.

Date of Death, June 13th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Powers

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, 18 *Years,* — *Months,* — *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Servant.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} W. Va

Duration of Residence in the City of Baltimore, Six Months.

Place of Death, {Give Street and Number.} University Hospital.

Cause of Death, First (Primary), Burns.

Second (Immediate), Prostration and Exhaustion.

Duration of Last Sickness, 10 weeks.

All the above information should be furnished by the Physician.

Place of Burial, [illegible]

Date of Burial, June 15th 1885

Undertaker, [illegible]

Place of Business, [illegible]

George F. Everhart M. D.
Medical Attendant.

Address, University Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Inmate 3759

Health Department, City of Baltimore.

Permit No. 84135 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 14th. June 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Blunt

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 3 *Years,* 3 *Months,* *Days*

Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, during lifetime

Place of Death, {Give Street and Number.} Leadenhall Street Nro 53.

Cause of Death, First (Primary), Convulsions

Second (Immediate),

Duration of Last Sickness, 8 Days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 15th 1885

Undertaker, Saml R. Glass

Place of Business, 19 S Howard

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & Mt.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 24136 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eliza Vreeland

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 38 Years Years, — Months, — Days

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 23 years.

Place of Death, {Give Street and Number.} University Hospital

Cause of Death, First (Primary), Tuberculosis

Second (Immediate), Hæmoptasis

Duration of Last Sickness, Six Months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 15 June 1885

Undertaker, John Tilden

Place of Business, 45 Eleventh

R. B. Nesbitt M. D.
Medical Attendant.

Address, Univ. Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84137

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 14th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Dotterwich

Sex, Male or ~~Female~~, {cross out the word not required in this line.}

Age, ~~Years,~~ 1 1/2 *Months,* ——— *Days.*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and number} St. Vincents Asylum

Cause of Death First, (Primary,) unknown "

Second, (Immediate,) Exhaustion

Duration of last Sickness, 3 mos

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 16th 85

F. X. Flannery *M. D.*
Medical Attendant.

Undertaker, G. Frankel

Place of Business, Alicanna St *Address,* Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84138 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Peter Doyle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 47 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Keeper of Perkins Square

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 17 years Many years

Place of Death, {Give Street and Number.} 94 Dolphin St

Cause of Death, First (Primary), Exposure & cold & Damp

Second (Immediate), Idiopathic Tetanus

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Bonne Brea

Date of Burial, June 17/85

Undertaker, Chas. F. Lewis

Place of Business, 27 N. Eutaw

Edmund R Walker M. D.
Medical Attendant.

Address, 185 Linden Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Board of Health, City of Baltimore,

8

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84139

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Mary. Margaret Small.

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, ——— *Years,* 1 *Months,* 14. *Days.*

Color, Col Sex, Female.

~~*Married,*~~ *Single, Widow or* ~~*Widower*~~ {Cross out the words not required in this line.} ———

Occupation, ——— ———

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore, Since birth.

Place of Death, {Give street and number.} 192 Constitution St.

Cause of Death, First (Primary,) Prematune Birth, 7 months child.

Second (Immediate,) Inanition.

Duration of Last Sickness, about 5 days.

All the above information should be furnished by the Physician.

Place of Burial, St Vincent Cemetery

Date of Burial, June 15 1885

John H. Lemmon M. D.

Medical Attendant.

Undertaker, Morgan & Pujol

Place of Business, Mulberry St No 9

Address 238 E. Monument St

N. E. Morgan

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 87440 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Elizabeth Jones

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, 6 Months, 5 Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 19 Shiva av

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 6

Undertaker, H. Ross

Place of Business, 25 Conway St

W. S. Bowe M. D.
Medical Attendant.

Address, 210 Hurst St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84141 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 15 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Lavinia Erdley.

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 20 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore,

Duration of Residence in the City of Baltimore, Since Birth,

Place of Death, {Give Street and Number.} No 163 Patterson Park Avenue,

Cause of Death, First (Primary), Improper Nourishment

Second (Immediate), Acute Cholera Infantum

Duration of Last Sickness, about 12 hours, (to my knowledge)

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Mem.

Date of Burial, June 15/85

Undertaker, W. A. Kaiser

Place of Business, 711 S. Broadway

L. Ridgway Andrè M. D.
Medical Attendant.

Address, 121 E. Balto St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84142 *Office of Registrar of Vital Statistics.* Ward 13?

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry J. Shagrue

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* White. 9 *Months,* 9 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, City. Since birth.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 78 S. Fremont St.

Cause of Death, First (Primary), Cholera-Infantum.

Second (Immediate), Convulsion.

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cemetery

Date of Burial, June 16/85

Undertaker, C. Bartell & Son

Place of Business, 642 W. Balto St. *Address,* Cor. Chamberlain & Fremont Sts.

Wm. H. Verdier M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

...Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84143 *Office of Registrar of Vital Statistics.* Ward 13 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 15 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Peters

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 72 *Years,* *Months,* *Days*

Color, W

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 72 yrs.

Place of Death, {Give Street and Number.} # 372 N. Fayette St

Cause of Death, First (Primary), General breaking down of system

Second (Immediate), Paralysis

Duration of Last Sickness, about 3 mo.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 17th 1885

Undertaker, Denny & Mitchell

Place of Business, 531 W Fayette *Address,* 300 E. Fayette St

C. W. Neff M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84164 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE CITY

C

CERTIFICATE OF DEATH.

Date of Death, June 10th 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kate Trent

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 34 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 20 Years

Place of Death, {Give Street and Number.} 165 S Spring St

Cause of Death, First (Primary), Malignant Disease of Liver

Second (Immediate),

Duration of Last Sickness, about one year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Co.

Date of Burial, June 16

Undertaker, Kimball Dysard

Place of Business,

D. H. Griffith Surgeon M. D.
Medical Attendant.

Address, 165 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

KODAK SAFETY FILM

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 84145 *Office of Registrar of Vital Statistics.* **Ward** 2 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Michel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 4 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 263 Alice Anna St

Cause of Death, First (Primary), Croup (Diphtheritic)

Second (Immediate), ...

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, I. Alfonsen L.

Date of Burial, June 17

Undertaker, Worrall & Dippel

Place of Business, ...

John H. Kehberger M. D.
Medical Attendant.

Address, 243 Alice Anna St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 84146 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Jan 16

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Meeth

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 76 *Years,* ~~76~~ *Months.* 6 *Days*

Color, W

Married, ~~*Single,*~~ *Widow or* ~~*Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore. 33 Years

Place of Death, {Give Street and Number.} 59 S Arlington av Atkisen

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness, Atal 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Parks

Date of Burial, 17 June

Undertaker, John P. Poulus

Place of Business, 66 Frederick Av

Robt K Kuan M. D.
Medical Attendant.

Address, 554 W Lafayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Cer...

Health Department, City of Baltimore.

Permit No. 84147 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Clarence Harper

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, 4 5 *Years,* *Months,* *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Va.

Duration of Residence in the City of Baltimore, 13 years

Place of Death, {Give Street and Number.} 21 Hartford ave

Cause of Death, First (Primary), Typho-malaria Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 weeks

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 16th 1885

Undertaker, Henry W. Mears

Place of Business, 45 N Gay St *Address,* 171 N Calvert

Geo. B Reynolds M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 84148 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the preservation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16, 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Henry Lumpp

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* ..... 5 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 34 Liberty Alley

Cause of Death, First (Primary), Convulsions

Second (Immediate), "

Duration of Last Sickness, 4 Hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 16/85

Undertaker, H H Hoech

Place of Business, [illegible] *Address,* [illegible]

James A Clemm M. D.

[illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Statement Taken from the Father

Health Department, City of Baltimore.

Permit No. 84149 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie E. Hoskins.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 39 *Years,* ... *Months,* ... *Days*

Color, White.

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Virginia.

Duration of Residence in the City of Baltimore, about 20 years.

Place of Death, {Give Street and Number.} 720 W. Pratt St.

Cause of Death, First (Primary), Consumption.

Second (Immediate), ...

Duration of Last Sickness, about 2 years & 6 months.

All the above information should be furnished by the Physician.

Place of Burial, Western cemetery

Date of Burial, June 16th 1885

Undertaker, S. M. Leonard & Son

Place of Business, 712 W. Baltimore *Address,* 342 N. Broadway

John W. White M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

Permit No: 84150

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } John Van Daniker

Sex, Male or ~~Female,~~ { cross out the word not required in this line. }

Age, 55 *Years,* ——— *Months,* ——— *Days.*

Color, White

Married, ~~Single, Widow or Widower,~~ { Cross out the word not required in this line. }

Occupation, ———

Birthplace, { State or country, (and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 245 ~~Division~~ Eutaw Ave Druid H. Ave

Cause of Death, { First, (Primary,) Paralysis / Second, (Immediate,) Exhaustion

Duration of last Sickness, 7 days.

All the above information should be furnished by the Physician.

Place of Burial, Co Friedhof Cem'y

Date of Burial, June 18th /85

Undertaker, Chas. T. Scriven

Place of Business, Eutaw St

G. J. Flannery M. D.
Medical Attendant.

Address, Cor. Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

Health Department, City of Baltimore.

Permit No. 84151 *Office of Registrar of Vital Statistics.* Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Carter

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 6 *Days*

Color, c d

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md-a

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 188 Tyson St

Cause of Death, First (Primary),

Second (Immediate), Spasms

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green St Cemetery

Date of Burial, June 16/85

Undertaker, Alex Hensey

Place of Business, 116 Orchard St

Thos A Clark, M. D.

(Police) Attending Physician

Address, Camp & Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Geo E Bonn
Sanitary Inspector

Health Department, City of Baltimore.

Permit No. 84152 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

PUBLIC INSTITUTIONS JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Augustus Farquay

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 59 11 *Years,* *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Lawyer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Annapolis Md

Duration of Residence in the City of Baltimore, 2 yrs

Place of Death, {Give Street and Number.} 38 Pleasant N

Cause of Death, First (Primary),

Second (Immediate), Apoplexy

Duration of Last Sickness, 2d Hours

All the above information should be furnished by the Physician.

Place of Burial, Annapolis Md.

Date of Burial, June 17th 1885

Undertaker, H. W. Jenkins & Son

Place of Business, Park & Saratoga Sts *Address,* 23 [illegible]

[illegible] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3760 Turner [OVER.]

...Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back.

Board of Health, City of Baltimore,

Permit No. 84153 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Susan Bradford

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days,*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Accomac Co. Va

Duration of Residence in the City of Baltimore, 20 yrs —

Place of Death, {Give street and Number.} 132 Love St —

Cause of Death, First, (Primary,) Phthisis pulmonalis

Second, (Immediate,) " "

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Cemetery

Date of Burial, June 16

Undertaker, H Ross

Place of Business, 95 Lombard St

Wm A Bell M. D.,
Medical Attendant.

Address, 16 S Sharp St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

Health Department, City of Baltimore.

Permit No. 84524

Office of Registrar of Vital Statistics.

Ward 9 11 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
SEP 16 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 14 — 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Bennett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 40 *Years,* — *Months,* — *Days* 7

Color, Wht.

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} No. 42 Centre Market Space

Cause of Death, First (Primary), Phthisis Pulmonalis

Second (Immediate), Hemorhage "

Duration of Last Sickness, 5 minutes

All the above information should be furnished by the Physician.

Place of Burial, E. Pub. Cemetery

Date of Burial, June 14th 1885

Undertaker, Geo. Rinehart

Place of Business, Forest Place

Alexander Hill, M. D.
Medical Attendant.

Address, Coroner Cent. Dist

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 8[illegible]155 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Myrtle R. Colison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, One *Years,* ..... *Months,* ..... *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} 34 S. Ann St.

Cause of Death, First (Primary), Diarrhoea - Convulsions

Second (Immediate), Asthenia

Duration of Last Sickness, One Month

All the above information should be furnished by the Physician.

Place of Burial, Mt. E. Cemetery Old Road

Date of Burial, June 16th 1885

Undertaker, Denny & Mitchell

Place of Business, 65 S. Broadway

G. L. Billau M. D.
Medical Attendant.

Address, 711 So. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of ...

Health Department, City of Baltimore.

Permit No. 84156 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin F. Farwell

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 39 *Years,* 10 *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~ {Cross out the words not required in this line.}

Occupation, Mechanic

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 187 Battery av

Cause of Death, First (Primary), Phthisis & Bilibous Pneumonia

Second (Immediate), General Debility

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet

Date of Burial, June 17/1885

Undertaker, Armstrong Bro

Place of Business, 960 Light *Address,* 960 Light st

G. C. Stobb M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84157 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, BALTIMORE MD. JUN 16 1885

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Schenkel

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* — *Months,* 8 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 242 Conway St

Cause of Death, First (Primary),

Second (Immediate), Infantile Dysentery

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 17/1885

Undertaker, Armistead Clay

Place of Business, 203 Light | *Address,* 116 Hanover St

Edmund Boyle M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

...Inspection of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 84158 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bridget Keely

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, under 50 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 13 Fall st

Cause of Death, First (Primary), Remit-Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Old cathedral cemetery

Date of Burial, June 16 1885

Undertaker, James O Byrne

Place of Business, No 63 N Front st

Geo Kyzer, M. D.
Medical Attendant.

Address, 171 N. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Health Department, City of Baltimore.

Permit No. 84157 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} ~~Allen~~ Chester Arthur Van Order

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 2 *Years,* — *Months.* — *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 77 Scott St.

Cause of Death, First (Primary), Inflammation of Bowels

Second (Immediate), Congestion of Brain & Convulsions

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 16

Undertaker, Joseph B Cook

Place of Business, 707 W Baltimore St

H. N. Hebner M. D.
Medical Attendant.

Address, 298 W. Lombard St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 2

Permit No. 34160

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Caroline Dickerson C

Sex, Male or Female, {Cross out the word not required in this line.} F

Age, Years, 8 Months, Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City Since Birth.

Duration of Residence in the City of Baltimore, 179 S. Wolf St.

Place of Death, {Give Street and Number.} Cholera Infantum

Cause of Death, First (Primary),

Second (Immediate), Two days

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Mt. St. Johns

Date of Burial, June 17th 1885

Undertaker, Hall Johnson

Place of Business, 361 Eastern Ave

John H Rehberger M. D.
Medical Attendant

Address, 743 Aliceanna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 8416 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Berlinde

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} St. Vincents Asylum

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 17th

Undertaker, Robt Robinson

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 84162 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH. 97

Date of Death, June 15th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry -

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 2 *Months,* 7 *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, -

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} St Vincents Asylum

Cause of Death, First (Primary), Diarrhoea

Second (Immediate), Exhaustion -

Duration of Last Sickness, One Wk -

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 17th

Undertaker, Robt Robinson

Place of Business, Division St

D D Flannery M. D.
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 84163 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD. A

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Ann Matilda Lyles

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 0 *Years,* 0 *Months.* Six *Days*

Color, Light brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt city

Duration of Residence in the City of Baltimore. Six days

Place of Death, {Give Street and Number.} No 58 Harmony Lane

Cause of Death, First (Primary), Unknown

Second (Immediate), Convulsions

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 16 1885

Undertaker, S H Cohen

Place of Business, 98 Hanover St

Benj F Bohm M. D.
Medical Attendant.

Address, Cor of Mulberry & Greene sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

10¢

Permit No. 84164

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Louisa Booker

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 26 *Years,* 2b *Months,* *Days.*

Color, Colored *Sex,* female

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, cook

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 8 years

Place of Death, {Give street and number.} 37 Hartford Lane

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Lester Manor Va King & Queen Co

Date of Burial, June 16 1885

M. D.

Medical Attendant.

Undertaker, W. H. Shaw

Place of Business, 198 Howard st

Address J. E. Lindsay 23 Read st - Balto

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 24165

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84165 *Office of Registrar of Vital Statistics.* Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} J Mathias Damaner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 85 *Years,* 6 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Sailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 Years

Place of Death, {Give Street and Number.} 16 Bryson St

Cause of Death, First (Primary), Old Age

Second (Immediate), Prostration

Duration of Last Sickness, 1 Month

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cemetery

Date of Burial, June 17th 1885

Undertaker, A Rosenberger

Place of Business, 70 Mulberry St *Address,* [illegible]

James A Stewart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

W. C. Roberts Sanitary Inspector

No. 84166

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84166 *Office of Registrar of Vital Statistics.* **Ward** 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} C. Ann. Burns

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* Seven *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 73 Perkins St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Congestion of brain

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 16th

Undertaker, John F Cowan

Place of Business, 89 Pratt

B F Phillips M. D.
Medical Attendant.

Address, 311 W Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 84167

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84167 *Office of Registrar of Vital Statistics.* **Ward** 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1884

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Bertha Geier

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 5 *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} # 344 Eastern Av

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate),

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem.

Date of Burial, June 16th 85

John H. Rehberger M. D.
Medical Attendant.

Undertaker, E. France

Place of Business, Pant & Wolfe *Address,* 214 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84168 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 16 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John W. Figer

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, Four (4) Years, ... Months. ... Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} 81 McElderry St

Cause of Death, First (Primary), Diphtheritic Croup

Second (Immediate), Asphyxia

Duration of Last Sickness, Four (4) Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 17th 1885

Undertaker, Adam Fink

Place of Business, 761 N. Gay St. Address, E. of Eager Caroline

S. W. Abner M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics of the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84169

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84169 *Office of Registrar of Vital Statistics.* **Ward** 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Jane Brown (M Keuser)

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 70 *Years,* 2 *Months,* *Days*

Color, White

~~*Married, Single,*~~ *Widow* ~~*or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give Street and Number.} No. 315 Orleans St.

Cause of Death, First (Primary), Old age with rheumatic blood

Second (Immediate), Dropsy of the chest

Duration of Last Sickness, about four weeks

All the above information should be furnished by the Physician.

Place of Burial, Glendie Burial ground

Date of Burial, June 17/85

Undertaker, Wm S Fry

Place of Business, 84 W Fayette

Milton N Taylor M. D.
Medical Attendant.

Address, No. 138 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8417 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16/95

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Albert B. Cook

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~~Years,~~ 6 *Months,* ~~Days~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 1 44 S Stricker

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Anne Arundel Co

Date of Burial, June 17

Undertaker, J B Cook

Place of Business, 707 W Baltimore St

A. L. Shriver M.D.
Medical Attendant.

Address, 387 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

3762 Hanover

[OVER.]

No. 84171

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84171 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie Elizabeth Couch

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* 3 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Entire Life

Place of Death, {Give Street and Number.} 105 Fort ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, Mount Auburn

Date of Burial, June 18

Undertaker, B. Hall

Place of Business, 52 Hanover St

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8417½ *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jacob Rode

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, / *Years,* 8 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 88 S. Fremont st.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Spasm

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 18th 1885

Undertaker, Geo. Levinbach

Place of Business, 389 W. Pratt st. *Address,* 166 S. Paca st

C. A. Cullenbine M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84173 *Office of Registrar of Vital Statistics.* Ward 3"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTRAR'S OFFICE JUN 17 1883 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eugene Wilkinson

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* 7 *Months.* 7 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 1017 E Lombard

Cause of Death, First (Primary),

Second (Immediate), Meningitis

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 18/83

Undertaker, M. A. Sadler

Place of Business, 14 S Eden

H. H. Hall M. D.,
Medical Attendant.

Address, 1017 E Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8474

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8474 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary C. dr of Wm H. Thomas {Parents Name

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, Months, 1/2 hour Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 79 W Battery Ave

Cause of Death, First (Primary), Asthenia

Second (Immediate),

Duration of Last Sickness, since Birth

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, June 16/85

Undertaker, B. Hall

Place of Business, West St

James A Steuart M. D.

Address, [redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Ex by

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Jos C. Fitzpatrick Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84175 *Office of Registrar of Vital Statistics.* Ward 3rd

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha Coffin

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months.* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Seamstress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Salisbury Md

Duration of Residence in the City of Baltimore, 20 years

Place of Death, {Give Street and Number.} 10 Canton St

Cause of Death,
First (Primary),
Second (Immediate), Phthisis

Duration of Last Sickness, 6 months

All the above information should be furnished by the Physician.

Place of Burial, Old M.C. Fairview

Date of Burial, June 18 85

Undertaker, W.A. Dwyer

Place of Business, 74 S Eden

Address, 24 S Bradford

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8c4176 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William H. Meier

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 37 *Years,* 9 *Months,* 24 *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Gay St extended opp. Shutzen Park

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 18 months

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 18/85

Undertaker, W. A. Kaiser

Place of Business, 714 E Broadway

Jno C Benjamin M. D.
Medical Attendant.

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84177 *Office of Registrar of Vital Statistics.* Ward 15-1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

CERTIFICATE OF DEATH.

C

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Faber

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, abt 40 *Years,* *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Butcher

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, abt 26 yrs

Place of Death, {Give Street and Number.} 223 Light St

Cause of Death, First (Primary), Melancholia

Second (Immediate), Suicide by hanging

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill Cem

Date of Burial, June 17th 1885

Undertaker, R. F. Krauskopf M. D.

Medical Attendant

Place of Business, 209 Hanover *Address,* 618 W Lombard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore.

Permit No. 84178 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rosella Morgan

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 15 *Months,* *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 92 Dover St.

Cause of Death. First (Primary). Dysentery

Second (Immediate). Exhaustion

Duration of Last Sickness, Four days

All the above information should be furnished by the Physician.

Place of Burial, Sharpsteentey

Date of Burial, June 18 1885

Undertaker Hercules Ross

Place of Business, 94 Con Wayst *Address,* No 58 ch Liberty St

G H Starr M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84179 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 / 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louisa E. Remberton

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 2 *Years,* ..... *Months.* ..... *Days*

Color, Red

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. city

Duration of Residence in the City of Baltimore, 2 yrs.

Place of Death, {Give Street and Number.} 5' Clarkson alley

Cause of Death, First (Primary), Quantum

Second (Immediate), Bolteria

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemet

Date of Burial, June 17/885

Undertaker, Herenden Bros

Place of Business, 95 Con Wayst

R. P. Ellis M. D.
Medical Attendant.

Address, 313 Lyle St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84180 *Office of Registrar of Vital Statistics.* 18

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16th 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Geo Bias

~~Sex~~, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 22 *Years,* 5 *Months,* *Days.*

Color, Col

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, ~~Hooker~~ Laborer

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Whole Life

Place of Death, { Give street and number. } 424 Stockholm Lane

Cause of Death, First, (Primary.) Pulmonary Consumption

Second, (Immediate.)

Duration of Last Sickness, 3 Mos.

All the above Information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 17th 85

Undertaker, H. Ross

Place of Business, L. Ross & Son

R. C. Smith *M.D.,*
Medical Attendant.

Address, 156 Edmondson Ave

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

KODAK SAFETY FILM

No. 84181

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84181 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 17 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, 15 of June 2 Oclock P M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John S Parker.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, about 75 *Years,* *Months,* *Days,*

Color, Black

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.}

Occupation, None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, About 2 years

Place of Death, {Give street and Number.} 359 Vincent Alley

Cause of Death, First, (Primary,) Old age.

Second, (Immediate,) Inflamation of the stomach

Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial Fern in Heaven By Boat

Date of Burial June 16 1885

Undertaker, Wilson N Dunger

Place of Business, 62 East st

L. C. Alder M. D.,
Medical Attendant.

Address, 1406 N. Gilmor

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3763 Harvest

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84184 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Ann Sauns

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 34 ch *Years,* 1 *Months.* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 43 N. Calhoun St.

Cause of Death, First (Primary), Natural abortion Typhoid Pneumonia

Second (Immediate), Prostration

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Mount Hill Cemetery

Date of Burial, June 18/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 584 W. Fayette St.

J. T. Linthicum M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84183 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. BALTIMORE JUN 17 1885

CERTIFICATE OF DEATH.

Date of Death, 13th June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Fannie Marshall

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 36 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Married

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Frederick Co Md

Duration of Residence in the City of Baltimore, Ten years

Place of Death, {Give street and number.} 53 Whallcoat St

Cause of death, First, (Primary,)

Second, (Immediate,) Consumption

Duration of Last Sickness, One year

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 16 1885

Undertaker, William N Dunger

Place of Business, 62 East St

Wm Jackson Evans M. D.,
Medical Attendant.

Address, Carey & Harlem

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 21184

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84184 *Office of Registrar of Vital Statistics* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Hester Pinkett

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 35 *Years,* ..... *Months,* ..... *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Laundress

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Eastern Shore Md.

Duration of Residence in the City of Baltimore, 15 Years

Place of Death, {Give Street and Number.} 227 Mc Elderry St

Cause of Death, First (Primary), Typhoid Fever

Second (Immediate), Exhaustion

Duration of Last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Asbury Evergreen Cemetery

Date of Burial, June 19th 1885

Undertaker, William N Dorsey

Place of Business, 62 East St

G. F. Taylor M. D.
Medical Attendant.

Address, 234 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8-4185

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8-4185 *Office of Registrar of Vital Statistics.* **Ward** 7/11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HALL JUN 17 1885 REGISTRAR'S OFFICE

CERTIFICATE OF DEATH.

Date of Death, June 14/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Benjamin Harris

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 19 *Years,* 4 *Months,* *Days,*

Color, colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, about 17 yrs

Place of Death, {Give street and Number.} 154 n Stricker st

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness, 4 mos

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 17 1885

Undertaker William Devine

Place of Business, 62 East st

J. Adkins M. D.
Medical Attendant.

Address, 93 [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84186 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joshua D Franklin

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 59 *Years,* 5 *Months,* 6 *Days*

Color, White

~~Married, Single~~, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cigar Manufactor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Death

Duration of Residence in the City of Baltimore, All his life

Place of Death, {Give Street and Number.} 197 E Fremont St

Cause of Death, First (Primary), Softening of the Brain

Second (Immediate), Paralysis

Duration of Last Sickness, 1 Year

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Conn

Date of Burial, June 17 1885

Undertaker, Wm J Dickman

Place of Business, 165 E Eutaw St *Address,* 44 E Monument St

Howard Bratt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8 2 4 5

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84187 *Office of Registrar of Vital Statistics.* Ward 84

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alonzo Pintar

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, *Years,* Five *Months,* *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore. Since birth

Place of Death, {Give Street and Number.} 178 Harford Ave

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Two months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 17th 1885

Undertaker, George Schilling

Place of Business, Ashland Square

A. F. Erich M. D.
Medical Attendant.

Address, 95 Park Ave.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84188

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84188 *Office of Registrar of Vital Statistics.* Ward 9

HEALTH DEPARTMENT, JUN 17 1885 BALTIMORE, MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17/1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Kunigunda Mayer

Sex, Male or Female, {Cross out the word not required in this line.} female

Age, 64 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, Nil

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 6 & 7 —

Place of Death, {Give Street and Number.} 447 N. Loudenoke S.

Cause of Death, First (Primary), asthenia

Second (Immediate), Asthenia

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 19th 1885

Undertaker, Geo. Schilling

Place of Business, Ashland Square Address, 143 E. Eden S.

D. Steell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

No. 84189

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84189 *Office of Registrar of Vital Statistics.* Ward 1st

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Williams

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 72 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 50 Years

Place of Death, {Give Street and Number.} No. 120 S Chapel St

Cause of Death, First (Primary), Old Age

Second (Immediate), ...

Duration of Last Sickness, Two Years

All the above information should be furnished by the Physician.

Place of Burial, Ft Olivers

Date of Burial, June 16,

Undertaker, C. T. Rau

Place of Business, 8 West St

Address, 211 Broadway

J. H. Hall, *M. D.,*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84190 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 16th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Thos J. Reilly

Sex, Male or Female, {Cross out the word not required in this line.} ~~Female~~

Age, 28 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ~~Married~~ ~~Widow~~ ~~Widower~~

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Life

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 4 Emory St.

Cause of Death, First (Primary), ...

Second (Immediate), Laryngeal Phthisis

Duration of Last Sickness, One Year

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 18th 85

Undertaker, Matthew Cadogan

Place of Business, 227 Hanover St *Address,* 387 W. Lombard St

H. L. Bevin M.D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84191 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 17 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 15th 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert E. Kinman

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 3 *Years,* 1 *Months,* 11 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} S

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City.

Duration of Residence in the City of Baltimore.

Place of Death, {Give Street and Number.} 158 Hanover St

Cause of Death, First (Primary) Injuries rec'd from being run over by an ~ Second (Immediate), Tetanus traumatic ~ Ordinary Excavating wagon ~ on 13th inst ~

Duration of Last Sickness, Abt ~ 42 hours ~

All the above information should be furnished by the Physician.

Place of Burial, Taylors Island Md.

Date of Burial, June 18th

Undertaker, F. N. Todd

Place of Business, 131 Hanover St *Address,* 516 So Eutaw St

Dan'l Bell M. D.
Medical Attendant.
Corner So Dist
516 So Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

376 Eutaw St

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84193 *Office of Registrar of Vital Statistics.* Ward 13th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 17 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, June 15 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Annie Ruckle

Sex, ~~Male or~~ Female, { Cross out the word not required in this line. }

Age, 25 *Years,* — *Months,* *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Head of family

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life Time

Place of Death, { Give street and Number. } 414 ~~West~~ Lexington St.

Cause of Death, First, (Primary,) Rheumatism

Second, (Immediate,) Disease of the heart

Duration of Last Sickness, about 2 years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cem

Date of Burial. June 18th 1885

Undertaker, F. Lewis Schaefer

Place of Business, 119 N Frederick

Edwd A. Thom M. D., Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84193. *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE MD

a

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Leeke

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, eighty six *Years,* six *Months,* fifteen *Days*

Color, White

~~Married, Single, Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation, Carpenter & Builder

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Montgomery Co Md

Duration of Residence in the City of Baltimore, over 72 years

Place of Death, {Give Street and Number.} 269 Lanvale St

Cause of Death, First (Primary), Hæmaturia & fibroid tumors in Abdom

Second (Immediate), Old age was the real cause

Duration of Last Sickness, I believe he had the first mentun complaint for some years, at times

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 18th/85

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

Elias C. Price M. D.
Medical Attendant.

Address, 262 Mad. Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84 1914 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 17 1885 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, June 15th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Willie Robinson

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 4 *Months,* 17 *Days*

Color, White,

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} 16 S. Collington Av.

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 16 S Collington Avenue

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum Acute

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Dallas Cem.

Date of Burial, June 17 '85

Undertaker, Wm A Leiper

Place of Business, 711 S Broadway Address, 121 E Baltimore St

E. Ridgway Andre M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84195 *Office of Registrar of Vital Statistics.* Ward, 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Daisy Lewis

Sex, Male or Female, { Cross out the word not required in this line. } F

Age, 5 *Years,* ..... *Months,* ..... *Days,*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. } .....

Occupation, ...

Birthplace, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, Life time

Place of Death, { Give street and Number. } 12 Miller St.

Cause of Death, First, (Primary,) Scarlatina

Second, (Immediate,) .....

Duration of Last Sickness, 6 days

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetary

Date of Burial, June 17th

Undertaker, Sprenkle & Oertel

Place of Business, 210 E. Belt. st

H. T. Reynolds M. D.,
Medical Attendant.

Address, 186 Aisquith st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

No. 0 4196

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84196 *Office of Registrar of Vital Statistics.* Ward 14th

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE MD.

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, June 14th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Murphy

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 88 *Years,* ~~ *Months,* ~~ *Days*

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, 35 Years

Place of Death, {Give Street and Number.} 61 S Arlington Ave

Cause of Death, First (Primary),

Second (Immediate), Old Age

Duration of Last Sickness, 1 Week

All the above Information should be furnished by the Physician.

Place of Burial, St Peters Cemetery

Date of Burial, June 19th 1885

Undertaker, J Book Thos A Elmes M. D.

Place of Business, 707 W Balto St *Address,* Camp Hill

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

H C Roberts Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84197 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 17 1885

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Charles Brown

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, *Years,* 6 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 203 Corkscrew Alley

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 30 hours

All the above information should be furnished by the Physician.

Place of Burial, St Alphons

Date of Burial, June 18

Undertaker, B. Ward

Place of Business, 92 West Pratt

O. A. Cooke M. D.
Medical Attendant.

Address, 110 Fort ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84198 *Office of Registrar of Vital Statistics.* Ward 17th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 17 1885 BALTIMORE

Date of Death, June 16th/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Edward Burke

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 3y *Years,* *Months,* *Days,*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Unknown

Birthplace, {State or country, and how long in the United States, if of foreign birth.} "

Duration of Residence in the City of Baltimore, "

Place of Death, {Give street and Number.} Off Penn, Pendleton's Coal Wharf

Cause of Death, First, (Primary,) Accidental Drowning

Second, (Immediate,) " "

Duration of Last Sickness, —

All the above Information should be furnished by the Physician.

Place of Burial. West Pub Cemty

Date of Burial. June 16/85

Undertaker, F. A. Kerchner

Place of Business, #129 Arlington Ave

Sam'l Bell M. D.,
~~Medical Attendant~~ Coroner

Address, [illegible]

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84199 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Wm. Inatus

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months.* 16 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 35 Bond St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Congestion of the Brain

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 18/1885

Undertaker, Armistead Thomas

Place of Business, 2607 Fleet

Edward Coffin M. D.
Medical Attendant.

Address, 41 Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 84200 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Elizabeth Welsh

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 62 *Years,* *Months,* *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} Widow

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Scotland

Duration of Residence in the City of Baltimore, 28 years

Place of Death, {Give street and Number.} 556 Aisquith St

Cause of Death, First (Primary), Disease of the Femur (Fracture.

Second (Immediate), by Concussion

Duration of Last Sickness, about 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 18/85

Undertaker W. H. Hickman

Place of Business, 11 Gay St

M. B. Billingslea M. D.
Medical Attendant.

Address, 228 E. Preston St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84201 *Office of Registrar of Vital Statistics.* Ward 31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Leola Edward

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, *Years,* *15 Months,* *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 234 E. Lombard St.

Cause of Death, First (Primary), Dentition

Second (Immediate), Convulsions

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Balto. Co.

Date of Burial, June 18/85

Undertaker, W. A. Sayer

Place of Business, 748 S. Bway

R. W. Mansfield M. D.
Medical Attendant.

Address, 527 S. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84212

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 84212 *Office of Registrar of Vital Statistics.* **Ward** 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH JUN 1885

CERTIFICATE OF DEATH.

Date of Death, June 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Arthur N Bluster

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, ~~Years,~~ 6 *Months,* ~~Days,~~

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

~~*Occupation*~~

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City St & Bond St

Duration of Residence in the City of Baltimore, ~~—~~

Place of Death, {Give street and Number.} 81 N Bond St

Cause of Death, First (Primary), Meningitis

Second (Immediate),

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, St. Vincent

Date of Burial, June 18 85

Undertaker Wendelin Dipfel

Place of Business, 151 S. Bond St. *Address,*

A R Thiel M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84203 *Office of Registrar of Vital Statistics.* **Ward** 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, BALTIMORE, MD. 1885

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Stamm

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower.*~~ {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Twenty-five years

Place of Death, {Give Street and Number.} #108 S. Regester

Cause of Death, First (Primary), Typho-Pneumonia

Second (Immediate),

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 18th

John H. Belberger M. D.
Medical Attendant.

Undertaker, Wendelin Dippell

Place of Business, 151 S. Bond St. *Address,* 243 Alice Anna

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84204 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

a

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 18 1894 BALTIMORE MD.

Date of Death, June 17th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia Agnes Kunows Ky

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* *Days,*

Color, White

~~*Married, Single, Widow or Widower,*~~ {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, 3 mos

Place of Death, {Give street and Number.} 268 S Eutaw

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,)

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 19

Undertaker, Henry Brisle

Place of Business, Hennetta

Geo A Straus M. D.,
Medical Attendant.

Address, 226 Montgomery

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84205 *Office of Registrar of Vital Statistics.* Ward 21

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 17. 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dora Schaefer

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.} Female

Age, 55-5-6 *Years,* *Months,* *Days*

Color, White

~~Married, Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.} Widow

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Switzerland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} 215 Lanvale St

Cause of Death, First (Primary), Atero Lateral Sclerosis

Second (Immediate), Coma -

Duration of Last Sickness, 5 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem

Date of Burial, June 19

Undertaker, C. H. Blizzard

Place of Business, 201 Penna Ave *Address,* 55 N. Greene St.

W. F. Kerr, M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84206

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84206 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John & Florence Willson

Sex, ~~Male~~ *Female,* {Cross out the word not required in this line.} Female Parents

Age, 6th Month Years Gestation Months, 5 Minutes ~~Days~~

Color, White

~~Married~~, *Single,* ~~Widow or Widower~~, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 315 E. Biddle St.

Cause of Death, First (Primary),

Second (Immediate), Premature birth

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cy

Date of Burial, June 18 1885 } Thos Bruce Boyle M. D.

Undertaker, Jas P Byrne } Medical Attendant.

Place of Business, 63 Penn } *Address,*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87207 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 16 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Celia May Harrison

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, ... *Years,* ..... 9 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give Street and Number.} 699 Light St

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore C

Date of Burial, June 18

Undertaker, B. Hess

Place of Business, 42 West Pratt

O. A. Cooke *M. D.*
Medical Attendant.

Address, 110 Fort av

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

No. 84218 *Office of Registrar of Vital Statistics.* Ward 18

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled* out, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or when requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 16 1885

Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Peters

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 54 *Years,* *Months.* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Widower

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 192 Gruner St

Cause of Death, First (Primary). Phthisis

Second (Immediate), Asthenia

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Shapsteen Cemetery

Date of Burial, June 18 1885

Undertaker, Hercules Rose

Place of Business, 95 Can Wayst

Wm. A. Burgess M. D.
Medical Attendant.

Address, 210 N. Schroeder St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8420 9

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

13 4

CERTIFICATE OF DEATH.

Date of Death, June 17th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Anastatia King

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, ~~Years,~~ 4 *Months,* ——— *Days.*

Color, White *Sex,* Female

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation, None

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City Md

Duration of Residence in the City of Baltimore, 4 months

Place of Death, { Give street and number. } 56 King St.

Cause of Death, First (Primary,) Meningitis

Second (Immediate,) Convulsions

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mound Ave

Date of Burial, June the 18

T Edward Kirby M. D.
Medical Attendant.

Undertaker, J B Cook

Place of Business, 707 East Balto

Address 82 Columbia Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore, (10

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84200

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 18 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Hamilton Funk

Sex, Male ~~or Female,~~ {cross out the word not required in this line.}

Age, 24 *Years,* 10 *Months,* ——— *Days.*

Color, White

~~Married~~ *Single,* ~~Widow or Widower,~~ {Cross out the word not required in this line.}

Occupation, Clerk

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Hagerstown Maryland

Duration of Residence in the City of Baltimore, 11 years

Place of Death, {Give street and number} 167 W. Fayette Street

Cause of Death, First, (Primary,) Typho-Malarial Fever

Second, (Immediate,) Typho-Malarial Fever

Duration of last Sickness, Seven weeks

All the above information should be furnished by the Physician.

Place of Burial, Hagerstown Md

Date of Burial, June 19, 1885.

D. J. Reinhart M. D.
Medical Attendant.

Undertaker, Wm H. Hickman

Place of Business, 234 N. Gay St *Address,* 304 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

3765

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8421 *Office of Registrar of Vital Statistics.* **Ward** 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 16 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Florence Hayes

Sex, Male ~~or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* Two *Months,* Seven *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 106 N. Central Ave.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemt

Date of Burial, June 19th 1885

Undertaker, Thos J Andrews

Place of Business, No 486 Druid Hill Ave

Francis A Sauer M. D.
Medical Attendant.

Address, 105 N. Central Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84212 *Office of Registrar of Vital Statistics.* Ward 20 11 F

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rebecca Flack Flack

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 71 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, Her Life

Place of Death, {Give Street and Number.} 225 N Bryant St

Cause of Death, First (Primary), General Debility

Second (Immediate), Exhaustion from Senile Gastritis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, Jan 18

Undertaker, C M Blizzard

Place of Business, 201 Penn ave Address, 185 W Pratt St

[signature] M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84213 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 16 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Lizzie Moore

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 26 *Years,* ( ) *Months.* ( ) *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 43 Arlington Ave

Cause of Death, First (Primary), Consumption of lungs

Second (Immediate),

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, London Park Cem

Date of Burial, June 19th 1885 G H Norris M. D.

Medical Attendant.

Undertaker, H Lewis Schafer

Place of Business, 109 N Frenon *Address,* 193 Pennsylvania Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84214 *Office of Registrar of Vital Statistics.* Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17 "85.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Eli S. Prime

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 46 *Years,* —— *Months,* —— *Days*

Color, Wht.

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Gauger

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 14 yrs.

Place of Death, {Give Street and Number.} #376 St. Paul

Cause of Death, First (Primary), Fracture (simple) of skull,

Second (Immediate), caused by accidentally falling over the banisters a distance of twenty feet.

Duration of Last Sickness, Instant death

All the above information should be furnished by the Physician.

Place of Burial, Bladensburg Md

Date of Burial, June 19th 1885

Undertaker, Denny & Britcher

Place of Business, 66 S Broadway

Alexander Hill M. D.
Medical Attendant.

Address, Coroner Ent. Dist.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

3766 Frankel

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84215 *Office of Registrar of Vital Statistics.* Ward 54

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Jefferson

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 86 *Years,* *Months,* *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. county

Duration of Residence in the City of Baltimore, 42 Years

Place of Death, {Give Street and Number.} 34 L. McElderry St.

Cause of Death, First (Primary), old age

Second (Immediate), Debility

Duration of Last Sickness, 6 Months

All the above information should be furnished by the Physician.

Place of Burial, Asbury Ev. Cemetery

Date of Burial, June 19 1885

Undertaker, William Dorsey

Place of Business, 62 East St

E. B. Fenby, M. D.
Medical Attendant.

Address, 283 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84216 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 18 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie H. Balzer.

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* —— *Days* 7

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life —

Place of Death, {Give Street and Number.} 42 St. Vincents Infant Asylum.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate), Exhaustion.

Duration of Last Sickness, 48 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, June 18th 1885

Undertaker, Mr. L Yeans

Place of Business, 30 Monroe

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem av. & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8421

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8421 *Office of Registrar of Vital Statistics.* **Ward** 20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out* to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 19 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17/85.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Rhoda W. Bonnett

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, —— *Years,* 9 *Months,* 8 *Days*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~ {Cross out the word not required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, all of life

Place of Death, {Give street and Number.} 223 Dolphin St.

Cause of Death,
First (Primary), Cholera Infantum
Second (Immediate), " "

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Manchester Md

Date of Burial, June 19th/85 J. H. Johnston M. D.
Medical Attendant.

Undertaker J. E. Murphy & Co

Place of Business, 298 Lanvale *Address,* 506 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. 3767 Transient [OVER

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84218 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH. 74

Date of Death, June 18-85 5 30 PM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Louis Hailey

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 17 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Farmer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 10 days

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, First (Primary), Chronic Malaria

Second (Immediate), Exhaustion

Duration of Last Sickness, 11 3 mos

All the above information should be furnished by the Physician.

Place of Burial, E. Public Cemt

Date of Burial, June 18/1885

Undertaker, Geo. Rinehart

Place of Business, Forrest Pl. *Address,* City Hospital

E Van Hood M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84219 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, If requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 17th June 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph Swehla

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 60 *Years,* *Months,* *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Labourer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bohemia, Austria

Duration of Residence in the City of Baltimore, 4 years.

Place of Death, {Give Street and Number.} Thames Street 97.

Cause of Death, First (Primary), Cirrhosis hepatis.

Second (Immediate), Hydrops Ascites.

Duration of Last Sickness, 9 months.

All the above information should be furnished by the Physician.

Place of Burial, St Helena's Cem.

Date of Burial, June 18. 1885

Undertaker, Frank. Crachbo

Place of Business, 249. N. Durham

William Henkel M. D.
Medical Attendant.

Address, S. Wolfe & 11th.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 84220

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84220 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 17th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret R Lewin

~~Sex, Male or~~ *Female,* {Cross out the word not required in this line.}

Age, ~~Years,~~ 10 *Months,* ~~Days~~

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 73 Greenmount ave

Cause of Death, First (Primary), Teething

Second (Immediate), Convulsions

Duration of Last Sickness, 5 Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cem.

Date of Burial, June 18th 1885

Undertaker, C. F. Evans & Co

Place of Business, Eager & Valley sts

James A Steuart M. D.

Medical Attendant.

Address, Cor Monument & C

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death. Henry M McKewen Sanitary Inspector [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8422 *Office of Registrar of Vital Statistics.* **Ward** 8 & 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph R. J. White

Sex, Male or Female, {Cross out the word not required in this line.}

Age, *Years,* 4 *Months,* 10 *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 2 E. Biddle St, near Gay St

Cause of Death, First (Primary), Mal nutrition

Second (Immediate), Heat

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 20 1885

W. W. White M. D.
Medical Attendant.

Undertaker, Wm. H. Hickman

Place of Business, 234 N. Gay St *Address,* 307 N. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84222 *Office of Registrar of Vital Statistics.* **Ward** 19th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 19 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Geo J. Lahmke

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 50 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Tailor

Birth Place, {State or country, and how long in the United States, if of foreign birth.} — Germany

Duration of Residence in the City of Baltimore, — 32 yrs —

Place of Death, {Give Street and Number.} 838 W. Balto St.

Cause of Death, First (Primary), Pneumonia

Second (Immediate), Valvular disease of Heart.

Duration of Last Sickness, Six (6) Months.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem.

Date of Burial, June 19/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* 387 W. Lombard St.

H. L. Thein M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84223 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jenny Paul

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 2 *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 46 Thames St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), " "

Duration of Last Sickness, 4 Days

All the above information should be furnished by the Physician.

Place of Burial, Bohemian National Cem.

Date of Burial, June 19" 85.

Undertaker, Frank Evachitz Co

Place of Business,

James A Steuart M. D.

~~Medical Attendant.~~

Address, Eutaw & Hatton Sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Emanuel Weinman.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84224 *Office of Registrar of Vital Statistics.* Ward 2 C 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margareth Bernald

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... 4 *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life time.

Place of Death, {Give Street and Number.} 135 Carlton St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, St. Pauls Lutheran

Date of Burial, June 19 1885

Undertaker, Wm. Sander & Son

Place of Business, 252 Carlton Av. *Address,* 24 E. Lexington St.

John H. Rehberger M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

(19)

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84225

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT.
JUN 19 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 17 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Rachael Henry

Sex, ~~Male or~~ *Female,* {Cross out the word not required in this line.}

Age, 58 *Years,* — *Months,* — *Days.*

Color, White *Sex,*

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Somerset County Md.

Duration of Residence in the City of Baltimore, Ten Years

Place of Death, {Give street and number.} 237 N. Carey St

Cause of Death, First (Primary,) Consumption

Second (Immediate,)

Duration of Last Sickness, about eight Months

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 19/85

Undertaker, Denny & Mitchell

Place of Business, 530 W. Fayette

Saml A. Henry *M. D.*
Medical Attendant.

Address 160 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

No. 84226

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 84226 *Office of Registrar of Vital Statistics.* **Ward** 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGD JUN 10 1885 BALTIMORE

CERTIFICATE OF DEATH.

C

Date of Death, June 17 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} John. P. Finn

Sex, Male or Female, {Cross out the word not required in this line.} —

Age, — *Years,* Five *Months,* — *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} No. 225 Light street

Cause of Death, First (Primary), —

Second (Immediate). Cholera Infantum

Duration of Last Sickness, Several days. —

the above information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, June 19th 1885

Reg. R. Elwell M. D.
Medical Attendant.

Undertaker E. F. Brauer & Son

Place of Business, 209 Hanover. *Address,* 539 Harford ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84227 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 18, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Robert Jacobs,

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 21 *Months,* ..... *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation, ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 14 Colvert St.

Cause of death, First, (Primary,) .....

Second, (Immediate,) Diphtheria

Duration of Last Sickness, 7 days

All the above information should be furnished by the Physician.

Place of Burial, Druid Hill Park

Date of Burial, June 19

Undertaker, Andrew Rohde

Place of Business, 48 Penna Ave

P. Edw Janney M. D.,
Medical Attendant.

Address, 242 W Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84228 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

LIBRARY JUN 19 1935

CERTIFICATE OF DEATH.

Date of Death, June 16th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Martha A. Gross

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 57 *Years,* — *Months,* — *Days*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, House Keeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Talbot Co Md

Duration of Residence in the City of Baltimore, 35 yrs

Place of Death, {Give Street and Number.} 17 Leadenhall St

Cause of Death, First (Primary), Cerebritis

Second (Immediate),

Duration of Last Sickness, Some time

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 19th 1885

Undertaker, Saml W. Chase

Place of Business, 198 E. Howard St

R. C. Lee M. D.
Medical Attendant.

Address, Hanover St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84229 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 18 June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Jno. Joseph Jarrett

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, — *Years,* 5 *Months.* — *Days*

Color, white

~~*Married,*~~ *Single, ~~Widow or Widower~~,* {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 19 S. Chester st.

Cause of Death, First (Primary), Inflammatory Diarrhea

Second (Immediate), Asthenia

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, St. Patricks Cem.

Date of Burial, June 20th 85

Undertaker, G. Franc

Place of Business, Franz & Wolfe

B. F. Leonard M. D.
Medical Attendant.

Address, ~~214~~ E. Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84230 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

HEALTH DEPT. JUN 19 1885 BALTIMORE

Date of Death, June 17, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Ann Louisa

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 65 *Years,* *Months.* *Days*

Color, White

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Forty-nine yrs.

Place of Death, {Give Street and Number.} 61 S. Calh. Ave.

Cause of Death, First (Primary), Sub-acute Gastritis

Second (Immediate), Carcinoma

Duration of Last Sickness, Five months

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross Cemetery

Date of Burial, June 20th 1885

Undertaker, Henry H. Inlars

~~Place~~ of Business, #415 N. Gay St.

G. G. Lusk M. D.
Medical Attendant.

Address, Balto & Ida L. Sts

...m Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

...d be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty ...o attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish ...rs after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as ...certained, the full name, sex, age, and condition (whether married or single) of the person deceased, ...th.

Board of Health, City of Baltimore, (20

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84231

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John N. Haguerty

Sex, Male or Female, {cross out the word not required in this line.}

Age, ——— *Years,* 7 *Months,* ——— *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, ———

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimor

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 29 Argyle Ave

Cause of Death, First, (Primary.) Chol. Infant

Second, (Immediate,) Exhaustion

Duration of last Sickness, one wk.

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 19th 85 F. J. Flannery M. D.

Medical Attendant.

Undertaker, J. Donoghue

Place of Business, 298 Lemmon *Address,* Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

19

Permit No. 84232

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 20 1885

CERTIFICATE OF DEATH.

Date of Death, June 19 85

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Dennis Costello

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 30 *Years,* *Months,* *Days.*

Color, White

Married, ~~Single~~, ~~Widow or Widower~~, { Cross out the word not required in this line. }

Occupation, Laborer

Birthplace, { State or country, (and how long in the United States if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give street and number } 193 Chester Street

Cause of Death, { First, (Primary,) Malignant disease of the Heart

Second, (Immediate,)

Duration of last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, E. Balto Cemetery

Date of Burial, June 20 '85

Medical Attendant. J. Hall Rulloff M. D.

Undertaker, Wm. Rinehart

Place of Business, Forest Place *Address,* 18 E. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER]

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 84233 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, Saterday Jan 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Jacob Hulseman

Sex, Male ~~or Female.~~ {Cross out the word not required in this line.} Days,

Age, 1 Years, 1 Months,

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} Single

Occupation None

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, During life

Place of Death, {Give street and Number.} 47 Luzerne St

Cause of Death, First (Primary). Dentation

Second (Immediate). Convulsion

Duration of Last Sickness, 9 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore city

Date of Burial, June 21 1885

Undertaker, Wm. Sander & Son

Place of Business, 252 Lanvale St

J E Prichard M. D.
Medical Attendant.

Address, 280 Donnell St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84234 *Office of Registrar of Vital Statistics.* Ward 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1885

CERTIFICATE OF DEATH.

Date of Death, June 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Grover C Bush

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* ..... *Months,* 8 *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 245 Light st

Cause of Death, First (Primary), Pneumonia

Second (Immediate),

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, June 20th 1885

Undertaker, Armstrong

Place of Business, 263 Light

H. W. Webster M. D.
Medical Attendant.

Address, 111 Barre

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84235 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 20 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Haupt.

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 17 *Years,* 5 *Months,* *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.} Single

Occupation, House Maid

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, Probably born here.

Place of Death, {Give Street and Number.} No 6 N Central Ave.,

Cause of Death, First (Primary), Addison's Disease

Second (Immediate),

Duration of Last Sickness, Nine Months, in bed five days only.

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 20/1885

Undertaker, Armstrong and Dunn

Place of Business, 963 Light *Address,* 2 N Broadway

D W Cathell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84236 *Office of Registrar of Vital Statistics.* Ward 18 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 24 1885
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 17

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Joseph H Locker

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 1 *Years,* 3 7 7 *Months.* *Days*

Color, W

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Bety

Duration of Residence in the City of Baltimore, 1 . 7

Place of Death, {Give Street and Number.} 377 Pcoa st

Cause of Death, First (Primary), Pneumonitis

Second (Immediate), Apnoea

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill C.

Date of Burial, June 20

Undertaker, B. Hall

Place of Business, 52 West St

R. H. Ellis' M. D.
Medical Attendant.

Address, 313 Lyle Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84237 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Alexander Watts

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} Male

Age, 15 *Years,* 4 *Months,* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, School-boy

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 414 E Baltimore St

Cause of Death, First (Primary), Hypertrophy of Heart with dilitation

Second (Immediate), Sudden Either rupture of heart or an aneurism

Duration of Last Sickness, about five days

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cem.

Date of Burial, June 21/85

Undertaker, Wm. A. Baile

Place of Business, 748 Bdwy

D W Cathell M. D.
Medical Attendant.

Address, 2 N Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84238 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Andrew J. Shannon

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, About 42 *Years,* *Months,* *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Broom Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} Infront of 85 E Monument St

Cause of Death, First (Primary), Fall from window of 2d Story

Second (Immediate), Dislocation of the Bones of the Neck

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 21st 1885

Undertaker, Jas P. Bayne

Place of Business, 63 N. Front St

C H Knight M. D.
Medical Attendant.

Address 108 E Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84239 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 18th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Armstrong

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, *Years,* 4 *Months,* *Days*

Color, W

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 96 Eastern ave

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 20

Undertaker, Womrath & Dix

Place of Business,

G. L. Wilkins M. D.
Medical Attendant.

Address, 96 E. Eastern ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84240 *Office of Registrar of Vital Statistics.* **Ward** 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT NOV 20 1935 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1886

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ——— *Years,* 6 *Months.* ——— *Days*

Color, White

Married, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life -

Place of Death, {Give Street and Number.} ~~St~~ 76 Division ab

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Exhaustion.

Duration of Last Sickness, 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 21st

Undertaker, Robt. Robinson

Place of Business, Division St

F. J. Flannery M. D.
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8724 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 20 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 19th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Agnes

Sex, ~~*Male or Female,*~~ {Cross out the word not required in this line.}

Age, ——— *Years,* 3 *Months,* ——— *Days*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, ———

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Vincents

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, One month

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 21st

Undertaker, Rob. Robinson

Place of Business, Division St.

F. J. Flannery M. D.
Medical Attendant.

Address, Cor Wilson & Division

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84242 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} James Donohue

Sex, Male ~~or Female,~~ {Cross out the word not required in this line.}

Age, 82 *Years,* 3 *Months.* *Days*

Color, White

~~Married, Single, Widow or~~ Widower, {Cross out the words not required in this line.}

Occupation, Ship Joiner ~~Ditto~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Ireland

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give Street and Number.} 468 E. Lombard St.

Cause of Death, First (Primary), General Debility

Second (Immediate), Paralysis of heart

Duration of Last Sickness, about one month

All the above information should be furnished by the Physician.

Place of Burial, Green Mound

Date of Burial, June 21st 85.

Undertaker, Wm S Fry

Place of Business, 711 Broadway

E. P. Lows M. D.
Medical Attendant.

Address, 325 E. Balto. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84243 *Office of Registrar of Vital Statistics.* Ward 1 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 23 1885

CERTIFICATE OF DEATH.

Date of Death, June 19. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Virginia Wm. Daniel

Sex, ~~*Male*~~ *or Female,* {Cross out the word not required in this line.}

Age, 24 *Years,* *Months,* *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 432 E. Balt St.

Cause of Death, First (Primary), Peritonitis

Second (Immediate), Spasm of diaphragm

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem.

Date of Burial, June 22/85

Undertaker, G. Frankel

Place of Business, ———

G. G. Luck M. D.
Medical Attendant.

Address, 392 E. Balt St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84214 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 20 1885

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Gerhardt Carson Henrich Harms

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 4 *Months,* 28 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto, Md.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 213 Cooksie St. L.P.

Cause of Death, First (Primary),

Second (Immediate), Cholera Infantum

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel Cemetery

Date of Burial, June 21st

Undertaker, Wm Nicolans

Place of Business, 238 Aliceanna

Robert S. Rou C.M.D.
Medical Attendant.

Address, 333 Light St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore. 16

Permit No. 84245 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

HEALTH DEPARTMENT JUN 24 1895 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 19 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Emeline Wilson

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, 53 *Years,* *Months.* *Days*

Color, Colored

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Housekeeper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Frederick Md.

Duration of Residence in the City of Baltimore, 2 years

Place of Death, {Give Street and Number.} 40 Elmira St

Cause of Death, First (Primary), 1

Second (Immediate), Apoplexy

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Sharp St Cemetery

Date of Burial, June 21 - 1895

Undertaker, S H Chase

Place of Business, 193 Howard St

R. M. Hall M. D.
Medical Attendant.

Address, 262 Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate

Board of Health, City of Baltimore,

Permit No. 8424 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED
JUN 21 1885
BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John A Streett

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 20 *Years,* 6 *Months,* *Days,*

Color, white

Married, ~~Single~~, ~~Widow or Widower~~, {Cross out the word not required in this line.}

Occupation Tailor

Birthplace, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 5 Anthony St

Cause of Death, First (Primary), Pulmonary Tuberculosis

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, June 22d 1885

F. Ullman M. D.
Medical Attendant.

Undertaker Adam Fink

Place of Business, 461 N. Gay St. *Address,* 73 Valley St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

No. 84247

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84247 *Office of Registrar of Vital Statistics.* Ward 7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. 74

Date of Death, June 20 - 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Catherine Carr.

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 38 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Housekeeper.

Birth Place, {State or country, and how long in the United States, if of foreign birth.}

Duration of Residence in the City of Baltimore, 10 yrs.

Place of Death, {Give Street and Number.} St. Josephs Hospital.

Cause of Death, First (Primary), Paralysis.

Second (Immediate), Exhaustion

Duration of Last Sickness, 8 yrs.

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross.

Date of Burial, June 21st 1885

Undertaker, Adam Fink

Place of Business, 461 N. Gay St. *Address,* 185 W Lafayette

Alexander Hohan M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Ward 20

Permit No. 84248

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 21 - 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm E. Waterhouse

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 71 Years, Months, Days

Color, W

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} Married

Occupation, Engineer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} —

Duration of Residence in the City of Baltimore, 21 - 11 Caroline St

Place of Death, {Give Street and Number.} Residence

Cause of Death, First (Primary),

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, June 23 1885

Undertaker, John J Andrews

Place of Business, 1254 Druid Hill Ave Address,

H J Howes M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84249 *Office of Registrar of Vital Statistics.* Ward 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 19

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Dodd & Nancy Gardner

Sex, Male or Female, {Cross out the word not required in this line.}

Age, Years, Months, 7 Days

Color, Blk

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} B. City

Duration of Residence in the City of Baltimore, 7 days

Place of Death, {Give Street and Number.} 238 West St.

Cause of Death, First (Primary), Convulsions

Second (Immediate), Apnea

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1885

Undertaker, Hercules Ross

Place of Business, 95 Lon Wayst

R. H. Peters M. D.
Medical Attendant.

Address, 313 Light

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

TY ▲ FILM ■ ▲

No. 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84250 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 21 1885 BALTIMORE MD.

a

CERTIFICATE OF DEATH.

Date of Death, June 19th 85 6 A.M.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Harry Marshall

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~Years,~~ 4 *Months,* 7 *Days* 7

Color, light brown

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore / Fetherman's Court

Duration of Residence in the City of Baltimore, all his life

Place of Death, {Give Street and Number.} / Fetherman's Court

Cause of Death, First (Primary), Marasmus

Second (Immediate), Exhaustion

Duration of Last Sickness, One week

All the above information should be furnished by the Physician.

Place of Burial, Laurel cemetery

Date of Burial, June 20th 85

Undertaker, Wm. H. Dempsey

Place of Business, 62 East St. *Address,* City Hospital

Frank C. Bruce M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

KODAK S'AF

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87251 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 21 1885 BALTIMORE

CERTIFICATE OF DEATH

Date of Death, June 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Abraham Boose

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 11 *Months,* *Days*

Color, Colored

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Cornwall Orange Co N.Y.

Duration of Residence in the City of Baltimore, 2 Years

Place of Death, {Give Street and Number.} 39 Columbia St

Cause of Death, First (Primary),

Second (Immediate), Phthisis Pulmonalis

Duration of Last Sickness, 5 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 21 1885

Undertaker, William M Dwyer

Place of Business, 62 East St

Edward R Waldron M. D.
Medical Attendant.

Address, 67 Lexington St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

{over.}

No. 1 24 252

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84252 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT, JUN 27 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Hohrkoll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* 5 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 23 Harris alley

Cause of Death, First (Primary), ...

Second (Immediate), Spasms

Duration of Last Sickness, one day

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 22d 1885

Undertaker, Germanis France — Thomas A Means M. D.

Place of Business, ... *Address,* Canton 610

Paul J Clagett

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84253 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT
JUN 21 1895
BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 19th. 1895

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Borowski

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 3 *Months,* 3 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Md—

Duration of Residence in the City of Baltimore, Since Birth.

Place of Death, {Give Street and Number.} # 215 S. Ann St

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate),

Duration of Last Sickness, 8 days

All the above information should be furnished by the Physician.

Place of Burial, Westminster Cemetery

Date of Burial, June 21 1895

Undertaker, Thos Crook & Co

Place of Business, 215 S Ann St

John H. Rehberger M. D.
Medical Attendant.

Address, 423 Aliceanna St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

84254 Brooklyn, June 20th 1885

I hereby certify that the infant
of Frank Dobrzyhowski died
this morning of Cholera infantum.

J. B. Robinson M.D.

5 mos —

June 20
Cholera Infantum
Bulb 1mo
105 Tillary st
See following certificate

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Office of Registrar of Vital Statistics.

Permit No. 84252 Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker requested so to do, or sooner, if under penalty of law.

No Permit for Burial can be Obtained without a Certificate.

25

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frank Dobrzykowski

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Years, 5 Months, ~~~ Days

Color, colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~~~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 105 Hall St

Cause of Death, First (Primary), ~~~

Second (Immediate), Cholera Infantum

Duration of Last Sickness, ~~~

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonsus

Date of Burial, June 21st 85

Undertaker, Frank Leach

Place of Business, 215 S. Ann St. Address, Same

James A. Henry M. D.

Health Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84253 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, 20 June 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm Ebermeyer

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months.* — *Days*

Color, white

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 88 Eastern Ave.

Cause of Death, First (Primary), Chronic Inflammatory Diarrhea complicated with Chronic Pneumonia

Second (Immediate), Asthenia

Duration of Last Sickness, 1 month

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 22th 1885

Undertaker, Peter Frey,

Place of Business, 91 Eastern Ave

T. F. Leonard M. D.
Medical Attendant.

Address, 314 E Balt. St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84256

Office of Registrar of Vital Statistics. 10

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial Can be Obtained Without a Proper Certificate.

HEALTH DEPARTMENT, June 22 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 19th 1885

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary Ann Gilman

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 81 *Years,* *Months,* *Days.*

Color, W.

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation, None

Birthplace, { State or Country and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give street and number. } No 172. Saratoga St

Cause of Death, { First, (Primary.) Fall
Second, (Immediate.) Effusion on the Brain

Duration of Last Sickness, Seven Weeks

All the above information should be furnished by the Physician.

Place of Burial, Green Mt Cem

Date of Burial, June 22/85 Th. F. Innes M.D.,
Medical Attendant.

Undertaker, Jno Weaver

Place of Business, 202 N Eutaw *Address,* No 57 N. Paca St

Extract from Regulations of the Board of Health to Secure a Full and Correct Record of Vital Statistics in the City of Baltimore.

SECTION 2.—*And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Reverse Side of this Certificate.

Board of Health, City of Baltimore,

13

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 8425

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sarah Barbara Bauer

Sex, ~~Male~~ or *Female,* {Cross out the word not required in this line.}

Age, 48 *Years,* —— *Months,* —— *Days.*

Color, White *Sex,*

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, ——

Birthplace, {State or country (and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 32 years

Place of Death, {Give street and number.} 48, Amity Street

Cause of Death, First (Primary,) Febris gastrica nervosa

Second (Immediate,)

Duration of Last Sickness, Two weeks

All the above information should be furnished by the Physician.

Place of Burial, Balto. Cemt. Morris Viener M. D.

Medical Attendant.

Date of Burial, June 22 "

Undertaker, John, Teufel.

Place of Business, No 399 Lexington st Address 319, W. Fayette st.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coronor, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84258 *Office of Registrar of Vital Statistics.* Ward 5th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 22 1885 BALTIMORE

a

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Charles Stengle

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 74 *Years,* 10 *Months,* 6 *Days,*

Color, white

~~Married~~, ~~Single~~, ~~Widow~~ or *Widower,* {Cross out the word not required in this line.}

Occupation, Carpet Weaver

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} No 69 S McElderry St

Cause of Death, First, (Primary,) Asthma

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 10 months

All the above Information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 23d/85

Undertaker, Geo Schilling

Place of Business, Ashland & Lemmon

Daniel V Moyer M. D.,
Medical Attendant

Address, 192 Aisquith St City

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health. City of Baltimore,

Permit No. 84259 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the Burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mrs Mc Manus. Jennie W.

Sex, ~~Male~~ or *Female,* { Cross out the word not required in this line. }

Age, 28 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, { Cross out the word not required in this line. } married.

Occupation, Teacher

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Ohio.

Duration of Residence in the City of Baltimore, 15 yrs.

Place of Death, { Give street and Number. } 110 W Biddle St.

Cause of Death, First, (Primary,) Phthisis

Second, (Immediate,) Apnoea, Asthenia.

Duration of Last Sickness, five weeks

All the above information should be furnished by the Physician.

Place of Burial Laurel Cemetery

Date of Burial, June 22nd 1885

Undertaker, [illegible] Robt T. Wilson M. D., Medical Attendant.

Place of Business, 65 Mulberry St *Address,* 152 Park Ave

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84260 *Office of Registrar of Vital Statistics.* **Ward** 17

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Constantia Persatke

~~Sex, Male or~~ Female, {Cross out the word not required in this line.}

Age, ... *Years,* 1 *Months,* ... *Days,*

Color, White

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation ...

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, During Life

Place of Death, {Give street and Number.} 1140 Hanover St

Cause of Death, First (Primary), Inanition

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus Cem

Date of Burial, June 22nd 85

Undertaker G. France

Place of Business, 9 Paca & Wolfe Address, ...

J. H. Martin M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8426 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

BALTIMORE MD. JUN 22 1885

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary A Worthington

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, 78 *Years,* ..... *Months,* ..... *Days*

Color, white

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Lady

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, {Give Street and Number.} 85 McCulloh St.

Cause of Death, First (Primary), Cerebral hemorrhage

Second (Immediate), Exhaustion

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, 22nd June 1885

Undertaker, H. W. Jenkins & Son

Place of Business, ~~Park & Saratoga~~ *Address,* 113 Linden ave

Edmund R Walker M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87262 *Office of Registrar of Vital Statistics.* Ward 14th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE, MD.

CERTIFICATE OF DEATH.

Date of Death, June 21. 7½ P m

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Katie Holmes

Sex, Male or Female, {Cross out the word not required in this line.} Female.

Age, *Years,* 4 *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 35 N. Arlington ave

Cause of Death, First (Primary), Dentition

Second (Immediate), Cholera Infantum

Duration of Last Sickness, three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cem

Date of Burial, June 22/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto, *Address,*

A H Lanton M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 84263

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84263 *Office of Registrar of Vital Statistics.* Ward 18th

The Physician who attended any person in a last Illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Seifert,

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ... *Years,* 6 *Months,* 26 *Days,*

Color, White,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, all his Life

Place of Death, {Give Street and Number.} No 2 Washington Ave

Cause of Death, First (Primary), Cholera Infantum,

Second (Immediate), Exhaustion,

Duration of Last Sickness, 10 Days.

All the above information should be furnished by the Physician.

Place of Burial, Western Cem

Date of Burial, June 23/85

Undertaker, J. B. Cobb

Place of Business, 707 W. Balto St

John L. Frazier M. D.
Medical Attendant.

Address, 218 Lexington St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84264 *Office of Registrar of Vital Statistics.* Ward 16th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT
JUN 22 1885
BALTIMORE

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mary Schuler

Sex, Male or Female, {Cross out the word not required in this line.}

Age, —— *Years,* 6 *Months,* 2 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ——

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Cty

Duration of Residence in the City of Baltimore, Since birth

Place of Death, {Give Street and Number.} No. 76 S. Fremont St.

Cause of Death, First (Primary), Cholera Infantum.

Second (Immediate),

Duration of Last Sickness, 1 Week

(All the above information should be furnished by the Physician.)

Place of Burial, Loudon Park Cem

Date of Burial, June 22/85

Undertaker, J. B. Cook

Place of Business, 707 W. Balto St. *Address,* Cambria Ave. & Fremont St

Smith Eldridge *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore.

Permit No. 84265 *Office of Registrar of Vital Statistics.* **Ward** 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 24 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Sabina Kilian

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 81 *Years,* 7 *Months,* *~~Days,~~*

Color, White

Married, ~~Single, Widow or~~ Widower, {Cross out the word not required in this line.} ✓

Occupation ——

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 26 years

Place of Death, {Give street and Number.} 135 E. Lombard St

Cause of Death, First (Primary), Old Age

Second (Immediate),

Duration of Last Sickness, 2 weeks

the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 22d 1885 Jno Glover M. D.

Medical Attendant.

Undertaker John Hennessy

Place of Business 382 Orleans St Address 125 Augusta st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicians is respectfully invited to the [illegible]

Board of Health, City of Baltimore, 19 11

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 84266

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPT. JUN 24 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Laura B. Kirwin

Sex, ~~Male~~, *Female,* {cross out the word not required in this line.}

Age, 24 *Years,* 1 *Months,* *Days.*

Color, White

~~*Married*~~, *Single,* ~~*Widow or Widower*~~, {Cross out the word not required in this line.}

Occupation, —

Birthplace, {State or country, (and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Life time

Place of Death, {Give street and number} 189 N. Carey st

Cause of Death, First, (Primary.) Chronic Diarhoea

Second, (Immediate.) Exhaustion

Duration of last Sickness, about 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet, Lutz

Date of Burial, June 23rd 1885

C. N. Free M. D.
Medical Attendant.

Undertaker, Denny & Mitchell

Place of Business, 550 W. Fayette St *Address,* 192 N. Carey st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 84267 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Rosephine Holland

Sex, ~~*Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, ... *Years,* 7 *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.}

Occupation,

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto city

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give street and number.} 92 Mobers alley

Cause of death, First, (Primary,)

Second, (Immediate,) Cholera Infantum

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22nd 7PM

Undertaker, H. H. Bishop Jr

Place of Business, 97 Druid Hill Ave

O Edw Janney M. D.,
Medical Attendant.

Address, 242 W. Eutaw

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the [illegible]

Board of Health, City of Baltimore,

Permit No. 84268 *Office of Registrar of Vital Statistics.* Ward 4th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

REGISTERED JUN 22 1885

a

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents.} Christiani R. Means

Sex, ~~Male or~~ Female, {Cross out the word not required in this line.}

Age, — *Years,* 7 *Months,* 1 *Days,*

Color, White

~~Married, Single,~~ Widow or Widower, {~~Cross out the word not~~ required in this line.}

Occupation Infant

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 21 Albemarle St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, Three days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Cemetery

Date of Burial, June 23d 1885

Undertaker Geo Lemmon

Place of Business, 332 W. Pratt St. *Address,* 88 E. Batt St

A Freyschlentzer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The Special Attention of Physicia... ...fully Invited to the Remarks Below, and to List of Diseases on Back of this...

Board of Health, City of Baltimore,

Permit No. 84269 *Office of Registrar of Vital Statistics.* Ward 16"

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 21 1885

B

CERTIFICATE OF DEATH.

Date of Death, June 21, 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Constine Stemler

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* 6 *Months,* *Days,*

Color, White

Married, ~~Single~~, ~~Widow~~ or Widower, {Cross out the word not required in this line.} ✓

Occupation, Laborer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Germany. In U.S. 52 years.

Duration of Residence in the City of Baltimore, 18 months

Place of Death, {Give street and Number.} 174 Dover St, Baltimore

Cause of Death, First, (Primary,) ..... Second, (Immediate,) General debility.

Duration of Last Sickness, four years.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Hill Cem'y, Hagerstown Md.

Date of Burial, June 28th 1885

Undertaker, Ed. Leinbach

Place of Business, 387 W. Pratt St. *Address,* 273 N. Eutaw St.

H. McSimmons M. D., Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

3772 Transcribed

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84270 *Office of Registrar of Vital Statistics.* Ward 16

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Annie M. Russell

Sex, Male or Female, {Cross out the word not required in this line.}

Age, 5 *Years,* 6 *Months,* — *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 38. Portland

Cause of Death, First (Primary), Purpura Hæmorrhagica

Second (Immediate),

Duration of Last Sickness, 3 years

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, June 23d 1885

Undertaker, Geo. Leinlook

Place of Business, 557 W. Pratt st

Edw'd F. Michael M. D.
Medical Attendant.

Address, 283. W. Lombard

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 8427

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8427 *Office of Registrar of Vital Statistics.* Ward 20

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Nelson S. Stirling

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 23 *Years,* 9 *Months,* 22 *Days*

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 289 La Fayette Avenue

Cause of Death, First (Primary), Phthisis Laryngea

Second (Immediate), " "

Duration of Last Sickness, About 18 months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount

Date of Burial, June 22d

Undertaker, M. ch. Dwyer

Place of Business, 74 S. Broadway

Jos. L Loydellaston M. D.
Medical Attendant.

Address, 38 W. Mount Place

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8727 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 21. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Elizabeth Gray

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 74 *Years,* *Months,* *Days*

Color, white

~~Married~~, ~~Single~~, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. City

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 81 E. Pattenson Park Ave.

Cause of Death, First (Primary), Congestion of the stomach

Second (Immediate), Exhaustion

Duration of Last Sickness, Two days

All the above information should be furnished by the Physician.

Place of Burial, Mt. Carmel

Date of Burial, June 22d

Undertaker, M. St. Daiger

Place of Business, 74 S. Broadway

G. G. Lush *M. D.*
Medical Attendant.

Address, Balt. & Wash. Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this

No. [illegible]

Health Department, City of Baltimore.

Permit No. 84273

Office of Registrar of Vital Statistics. Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE

B

CERTIFICATE OF DEATH.

Date of Death, June 21. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Pearl Fink

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, Years, White 8 Months, 11 Days

Color,

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 325 E. Monument St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Spurious hydrocephalus

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Monument Cem. }

Date of Burial, June 23. 1885 } Geo. N. Nartman M. D.

Undertaker, Henry McGinnis } Medical Attendant.

Place of Business, 8 N. Eutaw av. } *Address,* 305 N. Caroline st.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84274 *Office of Registrar of Vital Statistics.* Ward 9 4 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

BALTIMORE CITY HEALTH DEPARTMENT JUN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21st

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Emma Lambert

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, 42 *Years,* *Months.* *Days*

Color, White.

~~Married~~, Single, Widow or ~~Widower~~, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Phil. Pa.

Duration of Residence in the City of Baltimore, 35 Yrs.

Place of Death, {Give Street and Number.} 912 N. Eutaw

Cause of Death, First (Primary), Phthisis Pulmonalis.

Second (Immediate),

Duration of Last Sickness, 10 wks Confined to bed 2 days.

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet Cemetery.

Date of Burial, June 24th, 1885

Undertaker Chas. F. Evans & Co. J. G. Hutchins, M. D.

Medical Attendant.

Place of Business, Eager & Valley Sts. *Address,* Fayette & Paca Sts.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84275 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 22 1885

CERTIFICATE OF DEATH.

Date of Death, June 20 th. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mina B. Andrews

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 5 *Years,* *Months.* *Days*

Color, W.

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} D.C.

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 1 J Mc Elderry Ext-

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel Cem

Date of Burial, June 22 d 1885

Undertaker, John Hennig

Place of Business, 382 Orleans St *Address,* 7 N. Broadway

J. L. Mitchell M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 2276

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 8476 *Office of Registrar of Vital Statistics.* Ward 3 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

REGISTERED
JUN 22 1885
BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Roszel Hedges Sanner

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, Twenty Seven *Years,* Ten *Months,* fifteen *Days,*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the word not required in this line.}

Occupation, Printer

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore City all his life

Duration of Residence in the City of Baltimore,

Place of Death, {Give street and Number.} 59 N. Bond Street

Cause of Death, First, (Primary,) Catarrh

Second, (Immediate,) Phthisis Pulmonalis

Duration of Last Sickness, 5 months

All the above Information should be furnished by the Physician.

Place of Burial, Balto Cemetery

Date of Burial, June 23d

Undertaker, H.C. Wiedefeld

Place of Business, 90 Greenmount Ave

J.C. Hammer M. D.,
Medical Attendant.

Address, 87 N. Paca st

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84277 *Office of Registrar of Vital Statistics.* Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 22 85 — 5 AM

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Wm A Kennedy

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 67 *Years,* ..... *Months,* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Portrait Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} America

Duration of Residence in the City of Baltimore, 47 yrs

Place of Death, {Give Street and Number.} City Hospital

Cause of Death, {First (Primary), Carcinoma Recti

Second (Immediate), Exhaustion

Duration of Last Sickness, 2 mos

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet Cem

Date of Burial, June 22nd 1885

Undertaker, Denny & Mitchell

Place of Business, 550 W Fayette St

E Van Stool M. D.
Medical Attendant.

Address, City Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 11271

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 87278 *Office of Registrar of Vital Statistics.* Ward 6

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 22 1885

CERTIFICATE OF DEATH.

Date of Death, June 20 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John F. Bauernschup

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 53 *Years,* *Months,* *Days*

Color, White

Married, ~~*Single, Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Cooper

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 22 years

Place of Death, {Give Street and Number.} Bellair Avenue

Cause of Death, First (Primary), Heart disease

Second (Immediate), dropsy, asthma

Duration of Last Sickness, 6 weeks

All the above information should be furnished by the Physician.

Place of Burial, St Alphonsus

Date of Burial, June 23 1885

Undertaker, Henry Loeckz

Place of Business, 309 N Eutaw St Address,

A. R. Thiebolt M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84279 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 22 1885 BALTIMORE MD.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Margaret Schleuder

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 46 *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, Housework

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 29 years

Place of Death, {Give Street and Number.} 26 Gay St

Cause of Death, First (Primary), Cerebral Apoplexy

Second (Immediate),

Duration of Last Sickness, 4 hours

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 23d 1885

Undertaker, Henry Hook

Place of Business, 309 N. Eutaw St

E. W. Shuler M. D.
Medical Attendant.

Address, 26 Gay St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 04200

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84280 *Office of Registrar of Vital Statistics.* Ward 20 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT, JUN 22 1885 BALTIMORE MD

CERTIFICATE OF DEATH.

Date of Death, June 21/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Henley

Sex, Male or Female, {Cross out the word not required in this line.}

Age, ~ *Years,* 4 *Months,* ~ *Days*

Color, ed

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, ~

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City Md-d

Duration of Residence in the City of Baltimore, Life Time

Place of Death, {Give Street and Number.} 442 N. Vincent Alley

Cause of Death, First (Primary), Malnutrition

Second (Immediate), Marasmus

Duration of Last Sickness, Life Time

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 22/85

Undertaker, Alex Henley

Place of Business, Address, Oliver 12

James A Steuart M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. E. Brown
Sanitary Inspector

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84281 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 22 1885

74

CERTIFICATE OF DEATH.

Date of Death, June 21 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Alice Pull.

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, — *Years,* 3 *Months,* 7 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincent's Infant asylum -

Cause of Death, First (Primary), Marasmus.

Second (Immediate), Ex -

Duration of Last Sickness, 2 months -

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 22d/85 -

Undertaker, Robert Robinson

Place of Business, Division & Fremont

R. H. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 8642 *Office of Registrar of Vital Statistics.* Ward 12

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT BALTIMORE JUN 23 1885

CERTIFICATE OF DEATH.

Date of Death, June 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, —— *Years,* —— *Months.* 14 *Days*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} √

Occupation, ——

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto.

Duration of Residence in the City of Baltimore, Life.

Place of Death, {Give Street and Number.} St. Vincents Infant Asylum.

Cause of Death, First (Primary), Convulsions.

Second (Immediate), Cerebral Congestion.

Duration of Last Sickness, 4 days

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, June 22/85

Undertaker, Robert Robinson

Place of Business, Division & Fremont

R. He. Goldsmith M. D.
Medical Attendant.

Address, Harlem ave & Calhoun

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84283 *Office of Registrar of Vital Statistics.* Ward 20 1/7

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} John Powell

~~*Sex*~~, *Male* ~~*or Female*~~, {Cross out the word not required in this line.}

Age, 45 *Years,* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. Md

Duration of Residence in the City of Baltimore, during life

Place of Death, {Give Street and Number.} 52 Penna Ave

Cause of Death, First (Primary), Pulmonary Consumption

Second (Immediate),

Duration of Last Sickness, 1 1/2 yrs

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery

Date of Burial, June 23 85

Undertaker, Andrew Rohde

Place of Business, 44 Penna Ave *Address,* 143 N Charles St

W. H. Stuart M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within ...enty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as ... same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause ...date of death. [OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84284 *Office of Registrar of Vital Statistics.* Ward 24

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

JUN 27 1885

CERTIFICATE OF DEATH.

a

Date of Death, June 21. 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Spangler Sr.

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 77 *Years,* *Months,* *Days*

Color, White ✓

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 41 S. High St.

Cause of Death, First (Primary), Apoplexy

Second (Immediate), 2 hours.

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 22d 1885

Undertaker, Henry H. Shears

Place of Business, # 45 N. Gay St. *Address,* 75 E. Baer St.

J. H. Houck M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

KODAK SAFETY FILM

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84285 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 21 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Philip A Linnin

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 7 *Years,* *Months.* 4 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Single

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, {Give Street and Number.} No 22 Bank St

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Meningitis

Duration of Last Sickness, 1 day

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel cem

Date of Burial, June 22d 1885

Undertaker, W. Sander & Son

Place of Business, 252 Aisquith St *Address*

M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

No. 1 4 2 2

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84286 *Office of Registrar of Vital Statistics.* Ward 6th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 22 1885 BALTIMORE

C

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Howard Kane

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, ~~~~ *Years,* 2 *Months,* 15 *Days*

Color, Colored ✓

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore City

Duration of Residence in the City of Baltimore, Life-time

Place of Death, {Give Street and Number.} No 14 Bradford Alley

Cause of Death, First (Primary),

Second (Immediate), Convulsions

Duration of Last Sickness, 1 Day

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cem

Date of Burial, June 22nd 1885

Undertaker, T. F. Locks

Place of Business, Jefferson St *Address,* Gunpowder R

James A Steuart M. D.

[redacted]

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

Henry M M Keweu Sanitary Inspector

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84287 *Office of Registrar of Vital Statistics.* Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

a

CERTIFICATE OF DEATH.

Date of Death, June 24th

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Julia A. Hamilton

Sex, Male or Female, {Cross out the word not required in this line.} Female

Age, 60 *Years,* ..... *Months.* ..... *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation, ...

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} No 483 Franklin St.

Cause of Death, First (Primary), ...

Second (Immediate), Bright's disease

Duration of Last Sickness, Twelve Months

All the above information should be furnished by the Physician.

Place of Burial, Green Mt. Cemetery

Date of Burial, June 26th 1885

Undertaker, John S. Mercher

Place of Business, No 15 Lemmon St

Wm. Whitridge M. D.
Medical Attendant.

Address, ...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84288 *Office of Registrar of Vital Statistics.* Ward 4

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22d 1883

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Franz Ellert

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 33 Years, ... Months, ... Days

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Cigar Maker

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, Eleven (11) Years

Place of Death, {Give Street and Number.} 448 S Eutaw Street

Cause of Death, First (Primary), Suicide. by Cutting the Throat with a ~~Razor~~ Razor

Second (Immediate), Hemorrhage

Duration of Last Sickness, One Hour

All the above information should be furnished by the Physician.

Place of Burial, Trinity Cemetery

Date of Burial, 23 June 1883

Undertaker, John C Schmidt

Place of Business, 265 Fleet

E Hall Pueblo M.D.
Medical Attendant.

Address, 108 Eastaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. [illegible]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 84289 *Office of Registrar of Vital Statistics.* Ward 9

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1888

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Michael Bamoll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 41 *Years,* *Months,* *Days

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} ✓

Occupation, Painter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} England

Duration of Residence in the City of Baltimore, 31 years

Place of Death, {Give Street and Number.} 6 Hawk St

Cause of Death, First (Primary), Gangrene, Traumatic, of Genitalia

Second (Immediate), Exhaustion

Duration of Last Sickness, Won't told 6 days

All the above Information should be furnished by the Physician.

Place of Burial, Balto. Cemetery.

Date of Burial, June 23, 1888

Undertaker, Henry, Wm. Junior

Place of Business, 8 N. Central Ave. *Address,* 1712 Calvert St

Geo. B. Reynolds *M. D.*
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this ...

Board of Health, City of Baltimore,

Permit No. 84290 *Office of Registrar of Vital Statistics.* Ward 15

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPT. JUN 27 1885 BALTIMORE MD.

C

CERTIFICATE OF DEATH.

Date of Death, 6.22.85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Herbert A Silghman

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 1 *Years,* 4 *Months,* 10 *Days,*

Color, W

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the word not required in this line.} √

Occupation, Baby

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Balto

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give street and Number.} 102 Hamburg St

Cause of Death, First, (Primary,) Tuberculosis Meningitis

Second, (Immediate,)

Duration of Last Sickness, 6 mos

All the above information should be furnished by the Physician.

Place of Burial, Sharpstown

Date of Burial, June 28 1885

Undertaker, Hercules Ross

Place of Business, 95 Carey West *Address,* 329 Reed

W. E. Gilman M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [OVER.]

The special attention of Physicians is respectfully invited to the Remarks below, and to List of Diseases on Back of this.

Health Department, City of Baltimore.

Permit No. 84291 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

HEALTH DEPARTMENT JUN 23 1885

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Amelia Virginia Doyle

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.} Female

Age, *Years,* 3 *Months.* *Days*

Color, W.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, None

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md.

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 155 Block St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Asthenia

Duration of Last Sickness, 5 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 23d 1885

Undertaker, H. Sander & Son

Place of Business, 25 & Loudon Av. *Address,* 1 E. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this

Board of Health, City of Baltimore,

10
11

Permit No. 84292 *Office of Registrar of Vital Statistics.* Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

HEALTH DEPARTMENT JUN 23 1885

CERTIFICATE OF DEATH.

Date of Death, June 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Samuel Lewis

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, — *Years,* 8 *Months,* — *Days,*

Color, Colored

Married, Single, Widow or Widower, {Cross out the word not required in this line.} —

Occupation, —

Birthplace, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, —

Place of Death, {Give street and Number.} 88 Jackson St

Cause of Death, First, (Primary,) Cholera Infantum

Second, (Immediate,) Meningitis

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Shanahan Cemetery

Date of Burial, June 23 85

Undertaker, Wm Kennedy

Place of Business, 116 Orchard St *Address,* 88 Jackson St

J A Gillis M. D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children. [over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This

Health Department, City of Baltimore.

Permit No. 84293 *Office of Registrar of Vital Statistics.* Ward 13

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

A

CERTIFICATE OF DEATH.

HEALTH DEPARTMENT JUN 23 1885 OFFICE OF REGISTRAR

Date of Death, June 22nd 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} George Menshaw

Sex, Male or Female, {Cross out the word not required in this line.} Male

Age, 1 *Years,* ——— *Months.* 14 *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto. City

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} Nursery & Child's Hospital

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Mt. Olivet

Date of Burial, June 23/885

Undertaker, Armstrong & Conner

Place of Business, 263 Light

C. H. Brown M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certi...

Health Department, City of Baltimore.

Permit No. 84254 *Office of Registrar of Vital Statistics.* Ward 5

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 15 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, c

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 202 Chesnut Ln

Cause of Death, First (Primary), Inanition & General Debility

Second (Immediate),

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Lamb Cemetery

Date of Burial, June 18 1885

Undertaker, W N Dungan

Place of Business, 15 East Ln

R W Leathers M. D.
Medical Attendant.

Address, 21 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

See following certificate

[over.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this C...

Health Department, City of Baltimore.

Permit No. 84254 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 18 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Henry Carroll

Sex, Male or ~~Female~~, {Cross out the word not required in this line.}

Age, 5 1 *Years,* ... *Months.* ... *Days*

Color, c d

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, {Cross out the words not required in this line.}

Occupation, Laborer

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balto Md

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} 202 Chestnut st

Cause of Death, First (Primary), He was dieing when I was called lived less than 3 hours & I could not get a satisfactory history of the malady but believe it was natural Second (Immediate), Causes had been sick 3 months & under the care & treatment of the Physician

Duration of Last Sickness, 3 or 4 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 1885

Undertaker, William H Lingye

Place of Business, 62 East St

E. C Baldwin M. D.
Medical Attendant.

Address, 124 n Exeter

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this ...

Health Department, City of Baltimore.

Permit No. 84255 *Office of Registrar of Vital Statistics.* Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 20th 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Maggie Green

Sex, Male or Female, {Cross out the word not required in this line.}

Age, — *Years,* 11 *Months,* *Days*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} 7 Norris alley

Cause of Death, First (Primary),

Second (Immediate), Marasmus

Duration of Last Sickness, Lifetime

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 23 1885

Undertaker, William A Dwyer

Place of Business, 62 East St

M K Thurner M. D.
Medical Attendant.

Address, 2802 Strick...

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 84296 *Office of Registrar of Vital Statistics.* Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

A

Date of Death, June 22 — 85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Aarne Parkus

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 56 *Years,* 1 *Months,* 7 *Days*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Clerk

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 45 years

Place of Death, {Give Street and Number.} 115 Allemanle

Cause of Death, First (Primary), Sarcoma of Thigh

Second (Immediate), Asthenia

Duration of Last Sickness, about four years

All the above information should be furnished by the Physician.

Place of Burial, Dell Point Cemetery

Date of Burial, June 23

Undertaker, Wm Eilau

Place of Business, 101 Bowen Av *Address,* 15 Elmer

F. G. Illoyer M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of This.

Health Department, City of Baltimore.

Permit No. 84297 *Office of Registrar of Vital Statistics.* Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

C

CERTIFICATE OF DEATH.

Date of Death, June 22. 1885.

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Carrie Guthrie

Sex, ~~Male~~ or Female, {Cross out the word not required in this line.}

Age, *Years,* *5* *Months,* *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation,

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Balt. Md

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} 167 Fairmount Ave.

Cause of Death, First (Primary), Intestinal Catarrh

Second (Immediate), Weakening

Duration of Last Sickness, two months

All the above information should be furnished by the Physician.

Place of Burial, Mount Carmel

Date of Burial, June 23rd 85. G. G. Lusk M. D.

Undertaker, G. Frank Medical Attendant.

Place of Business, Bauer & Wolf *Address,* 3d & Pratt sts

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Special attention of Physicians is respectfully invited to the remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 84298 *Office of Registrar of Vital Statistics.* Ward 1

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 21st 1885

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Frances E. Sauer

~~*Sex, Male or*~~ *Female,* {Cross out the word not required in this line.}

Age, *Years,* 5 *Months,* 2 *Days*

Color, White

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation, Infant

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore Md

Duration of Residence in the City of Baltimore, Life

Place of Death, {Give Street and Number.} 29 Lancaster St.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate), Convulsions

Duration of Last Sickness, 3 days.

All the above information should be furnished by the Physician.

Place of Burial, Ft. Mchenry Cem.

Date of Burial, June 23rd 85

Undertaker, G. Frank

Place of Business, Jones & Wolfe *Address,* 1 S. Broadway

Jno. S. Lynch M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained*, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back.

Health Department, City of Baltimore.

Permit No. 84299 *Office of Registrar of Vital Statistics.* Ward 3

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William Frey

Sex, Male ~~or Female~~, {Cross out the word not required in this line.} —

Age, ... *Years.* 3 *Months.* ... *Days*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} —

Occupation, —

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, {Give Street and Number.} 137 E. Pratt 8th.

Cause of Death, First (Primary), Cholera Infantum

Second (Immediate),

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cem.

Date of Burial, June 24th 85

Undertaker, G. Fraser

Place of Business, Bentz & Wolfe Address, 50 S Broadway

R. W. Mansfield M. D.
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of

Health Department, City of Baltimore.

Permit No. 84307 *Office of Registrar of Vital Statistics.* Ward 8

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, June 22/85

Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} William W Chaffinch

Sex, Male ~~or Female~~, {Cross out the word not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days*

Color, white

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.}

Occupation, Carpenter

Birth Place, {State or country, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 30 yrs

Place of Death, {Give Street and Number.} 88 S Bond 817

Cause of Death, First (Primary), Consumption

Second (Immediate),

Duration of Last Sickness, 2 yrs

All the above information should be furnished by the Physician.

Place of Burial, Balt. Cemetery

Date of Burial, June 24 / 85

Undertaker, John Lake

Place of Business, 201 E Balto St

R. W. Mansfield M. D.
Medical Attendant.

Address, 50 S Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over.]

CITY HALL
BALTIMORE 2, MARYLAND

DEPARTMENT OF LEGISLATIVE REFERENCE

RECORDS MANAGEMENT DIVISION

CERTIFICATION

THIS IS TO CERTIFY THAT ON THIS 7 DAY Nov.

OF 19. THE MICROPHOTOGRAPHS APPEARING

HEREIN STARTING WITH 80837 7/12/65 AND

ENDING WITH 84300 6/22/65 ARE ACCURATE AND COMPLETE REPRODUCTIONS OF THE RECORDS OF THE DEPARTMENT OF

BUREAU OF Vital Statistics AS DELIVERED

IN THE REGULAR COURSE OF BUSINESS FOR

PHOTOGRAPHING, AND THAT:

TO THE BEST OF MY KNOWLEDGE THE MICROFILM MEETS THE REQUIREMENTS OF THE NATIONAL BUREAU OF STANDARDS FOR PERMANENT MICROPHOTOGRAPHIC COPY.

CAMERA OPERATOR: O K Line

REEL

CITY OF

17

END OF